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Identifying the Critical Performance Indicators
for the TRICARE Lead Agent Office,

Department of Defense - Health Service Region 6,

Through a Comparative Analysis of Similar Health Plans:

A Graduate Management Project Submitted to the Faculty of the

U.S. Army-Baylor University for Successful Completion of

Requirements for the Master of Health Care Administration Degree

Curt B. Prichard
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U.S. Army-Baylor University

Graduate Program in Healthcare Administration

09 April 1999

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This effort to assist the Lead Agent Office in determining how they might best measure the performance of TRICARE in Region 6 is dedicated to all of the beneficiaries who utilize the Military Health System and depend on us as healthcare professionals to meet their needs. I attribute much of the value of this project to the support provided me by the staff of the Lead Agent Office and the Executive Team who gave me free access and information critical to the understanding of their I would also like to thank Lieutenant Paul Toland operations. and Major Troy McGilvra for their assistance with data collection as well as Captain Barna Lambert for her assistance in content analysis. I gratefully extend thanks to the entire staff of TRICARE Southwest for giving me a welcome place to call home during my residency. Their willingness to share, to assist, and to create a meaningful residency is much appreciated. And a special thanks to my preceptor Colonel Mark Loper, in whom I witnessed incredible talent and energy to reconstitute the professional performance and direction of the Lead Agent staff, MTF Commanders, and Contractor through leadership, collaboration, and visionary management. compelling and unselfish desire to contribute to the continuous learning of Baylor students both past and present will long be remembered. Finally, I wish to thank my wife Gigi for her patient understanding and positive, encouraging support. These past two years of challenges, learning, and accomplishments would not have been possible without her help. Thank You.

#### Abstract

The Military Health System's (MHS) benefit program,

TRICARE, is administered through a direct care system supported
by a civilian network via 12 regional Managed Care Support

Contracts (MCSCs). Lead Agents, whose offices serve not only to
oversee MCSC performance but also to manage the healthcare
benefit program for MHS beneficiaries, monitor these regional
contracts. As such, they are inundated with numerous metrics,
many of which are not optimal for strategic management. This
graduate project identifies the critical performance indicators
for the Region 6 Lead Agent Office (TRICARE Southwest) through a
comparative analysis of similar health plans.

Using a quantitative decision-making tool, known as the JUDGE (Judging Utility: a Decision Generator and Evaluator)

Model, the performance measurements of TRICARE Southwest were compared with those of TRICARE Northwest and PacifiCare of Texas. Critical performance indicators were identified for three core domains: health status, operations/member services, and cost accountability. An analysis provides the executive staff of TRICARE Southwest recommendations to assist in developing an optimal performance measurement system for Region 6. The critical performance indicators identified should aid leaders in determining the "health" of the health plan.

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Identifying the Critical Performance Indicators for the TRICARE Lead Agent Office, Region 6

#### Introduction

The objective of this Graduate Management Project (GMP) was to conduct an analysis of the performance measurement process at the office of the Lead Agent, TRICARE Southwest, Department of Defense (DoD) Health Services Region (HSR) 6. "The Lead Agent coordinates the delivery of health care and integrates the capabilities of the military treatment facility with those of the contractor's network" (Johnson, 1996). In order to accomplish this, the Lead Agent staff monitors a plethora of metrics in overseeing the Managed Care Support Contract (MCSC) as well as metrics surrounding the direct care system. For the TRICARE Program to be effectively and efficiently managed, it was imperative that the proper indicators be identified and categorized by core domain for not only operational management but also benchmarking capability. The Regional Executive Council (REC) are arguably the primary stakeholders for the Lead Agent, and their interests were considered in the performance measurement process. Furthermore, future Military Health System (MHS) rightsizing will likely involve Lead Agent consolidations that will necessitate a streamlined methodology of continuous quality improvement and a performance-based management system.

# Conditions Which Prompted the Study

In March 1995, the MHS began implementation of DoD's managed care program, TRICARE. Twelve HSRs were established in the Continental United States (CONUS) in each of which a MCSC would be awarded. These MCSCs would supplement the care delivered by the uniformed services' medical treatment facilities (MTFs) in providing healthcare to beneficiaries of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). As of June 1998, all DoD CONUS HSRs are operating a MCSC to provide care to their beneficiaries. Agents are responsible for MHS oversight of the MCSCs and have a variety of associated responsibilities. In November 1995, the Office of the Assistant Secretary of Defense (Health Affairs) (OASD) (HA) provided the Lead Agents, through the Service Surgeon Generals, guidelines "designed to clarify Lead Agents' roles without being prescriptive" (U.S. Department of Defense, 1995). Included in these guidelines was the charge to "participate in MHS metric standardization of data to be reported/used" (U.S. Department of Defense).

One month later, senior staff members of OASD(HA)

formulated a series of performance metrics that ultimately led

to the MHS Performance Report Card initiative. In September

1998, the MHS Performance Report Card initiative was replaced by

the TRICARE Operational Performance Statement (TOPS). TOPS is

"both a statement and an evaluation tool used by the leadership and staff of the TRICARE Management Activity (TMA) and the OASD-HA to get a snapshot of the performance of the MHS at quarterly intervals" (TRICARE Management Activity, 1998). The TOPS is not, however, designed to provide the Lead Agent with management feedback for regional improvement activities (Constantian, A., personal communication, October 19,1998).

Each MCSC specifies certain management reports to be provided to the government by the contractor, but these metrics are not standardized among the Regions. With TRICARE fully implemented, it is critical that the Lead Agents establish and monitor those performance indicators that facilitate effective decision-making. A literature review coupled with an analysis of the management indicators available to the Region 6 Lead Agent and those used by comparative organizations will help identify the critical performance measurements needed for optimal health plan oversight. The recommendations could potentially serve as a template for those TRICARE Lead Agents just beginning managed healthcare delivery or for consolidated Lead Agents.

# Statement of the Problem

Lead Agent offices are inundated with a variety of metrics generated both internally and externally. As they face reduced resources, those in leadership positions must be armed with a clear understanding of the critical indicators to be monitored. The question posed is: what performance measurements should be generated and monitored for the effective management of TRICARE in Region 6? This involves identifying the performance indicator candidates, categorizing them based upon Lead Agent core domains, verifying the quality, accessibility, and timeliness of the data, determining the indicators' strategic link, assessing the value of the indicators to stakeholders, and specifying the recommendations.

#### <u>Literature Review</u>

Performance measurement in the healthcare setting refers to the use of process measures and outcomes to understand organizational performance and to affect positive change to improve care (Nadzam & Nelson, 1997). While the performance of hospitals has been measured for some time by various organizations, health plan accountability in the managed care setting is much newer (Spoeri & Ullman, 1997). A common term used to denote published summaries of plan performance for a specified period of time is "report card." A report card can

provide "information about clinical outcomes, costeffectiveness, and organizational performance in an era when healthcare organizations are competing for marketshare and consumers are demanding to be informed about their healthcare providers" (Slovensky, Fottler, & Houser, 1998).

A large number and variety of organizations produce health plan report cards for three principal user groups: purchasers, consumers, and health plans (Allen & Rogers, 1996). Employers desire health plan quality information to assess the value that they are receiving for their expenditures on employee and retiree healthcare benefits. Report cards assist consumers in evaluating the various available health insurance options. Finally, health plans can use the information to assist in continuous quality improvement (CQI) efforts (Scanlon, Chernew, Sheffler, & Fendrick, 1998).

While in many cases the report card initiatives in the commercial sector have been voluntary responses to a perceived public or employer desire for comparative data, they are increasingly accomplished with an underlying goal of accreditation. The National Committee for Quality Assurance (NCQA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are likely the most reputable accrediting organizations with national performance measurement systems. The NCQA's Health Employer Data and Information Set (HEDIS)

originated in 1989 by a coalition of employers and insurers seeking to establish standardized measurements for health plan comparison. JCAHO's initiative, Oryx, was introduced in February 1997 and allows organizations to build their own report cards (O'Malley, 1997).

Regardless of who develops them, report cards typically compare plans on one or more of the following types of information: "access to care, use of services, clinical indicators of quality such as immunization rates and surgical outcomes, measures related to finances and administrative efficiency, information on costs, and a variety of patient-derived measures including complaint data and results from member satisfaction surveys" (McGee & Knutson, 1994). The balance between administrative and clinical information included largely depends upon the intended users of the report card. As a result, those who develop report cards should employ a sound technical approach to measurement (McGee & Knutson).

Issues to consider when establishing the performance measurement system are "examining the appropriateness and feasibility of measures being considered for inclusion in report cards, standardizing definitions and formulas, determining sampling strategies and risk adjustments to be made, identifying limitations in the data, and discussing ways to avoid misinterpretation" (McGee & Knutson). Furthermore, health plans

must avoid focusing their resources solely on those items measured at the expense of other quality improvement activities that might be of greater importance to their own system and population needs. This necessitates that management personnel maintain a "big picture" view of the corporate environment (McGee & Knutson).

The literature identifies several other factors to consider as well when establishing performance measurement activities. In their article "Developing a Corporate-Level Performance Assessment System," Laffel, Thompson, & Sparer (1995) describe a medical center's experience in establishing a report card. They found a major issue to be considered is the tradeoff between brevity and comprehensiveness. This is certainly germane for health plans also as they evaluate the extensiveness of their metrics. Alsever, Ritchey, & Lima (1995) found that for the Sisters of Charity Healthcare System to demonstrate value in a report card system, clear goals had to first be identified while recognizing that "the automation of data collection and the ability to quickly analyze and trend data are critical to quality improvement."

"Health plans increasingly realize that quality management, including performance reporting, is critical to their competitive success" (Heinen, Peterson, Pion, & Leatherman, 1993). While Jackson & Kroenke (1997) indicate that competition

is a driving force only for non-Federal health care systems, recent governmental activities indicate otherwise. Increased Congressional interest in the MHS has resulted in not only numerous General Accounting Office studies on cost-effectiveness as compared to civilian health systems, but also the initiation of demonstration projects such as TRICARE Senior Prime and the Federal Employees Health Benefits Plan 65 (FEHBP-65). Without a doubt, leaders of the MHS' managed care program, TRICARE, must recognize the necessity of performance measurement processes.

Fundamental to their success will be the regional Lead
Agent staff's ability to benchmark their performance indicators.
Benchmarking can be defined as "the continuous process of
measuring products, services, and practices against the toughest
competitors or those companies recognized as industry leaders"
(Patrick & Alba, 1994). For Lead Agents, these comparisons
should not only include the federal healthcare industry leaders
but also civilian health plans that are increasingly becoming
competitors of the MHS. Numerous studies (Gordan, 1996; Jordan,
Straus, & Bailit, 1995; Joshi, 1994; Patrick & Alba, 1994)
highlight the benefits of benchmarking in healthcare and provide
lessons learned from previous initiatives.

"As the Department of Defense transitions to a capitated health care system modeled after managed care organizations, assessment and accountability of system effects on the quality of health care delivery are critical" (Jackson & Kroenke, 1997). This challenge is exacerbated by the primary readiness mission of the MHS (Paul, 1997). In order to appropriately define the critical performance indicators, the Lead Agent executive staff "must view the reporting process as important from a strategic perspective, and establish processes and allocate resources to produce a report in an efficient and cost-effective manner that will meet the information needs of key stakeholders" (Slovensky et al, 1998).

#### <u>Purpose</u>

The purpose of this study is to identify the critical performance metrics to support executive decisions in the management of TRICARE Southwest. As suggested in the literature review, this will involve: assessing the performance indicators currently in use, exploring the quality improvement initiatives of other federal as well as civilian health plans, determining the interests of the executive management and key stakeholders, verifying the capabilities for collecting quality, accessible, and timely data, and recommending a performance measurement system for establishment at the Lead Agent Office, DoD HSR 6.

#### Methods and Procedures

The strategy for accomplishing this GMP involved naturalistic inquiry, qualitative data collection, and content analysis using a decision-making tool (Patton, 1989). This approach provided the best avenue for ensuring a flexible process for the identification of a value-added performance measurement system. Naturalistic inquiry involved the observation of internal and external Lead Agent Office operations (e.g. the Regional Executive Council meetings, the MCS Contractor's Program Management Reviews, and the Lead Agent staff's strategic planning sessions) and the investigation of two other managed care organizations' performance measurement activities. The qualitative data collected would then be systematically compared, using a decision-making tool, to determine the optimal performance indicators.

### Data Collection

The existing management metrics for TRICARE Southwest were obtained through a variety of sources. This included interactions with Lead Agent staff members, involvement with the contractor's Program Management Review meetings, and participation in the Lead Agent staff's strategic planning sessions. This effort was timely as the Office of the Region 6 Lead Agent underwent reorganization in Winter 1998-99, and new

leadership sought opportunities for improvement under a visionary management framework.

There were numerous metrics gathered, and all were categorized by description, point of contact, source, and frequency of monitoring. The Contract Data Requirements Listings (CDRLs) specify reports and metrics that the Managed Care Support Contractor is required to submit to the Government. Of the hundreds of CDRLs originally identified for contract monitoring, the Lead Agent staff has narrowed the necessary regional submissions to 63, which were included in the study. Over 180 metrics reviewed through the Program Management Review were also catalogued in the list of existing measurements. Finally, the metrics established for the TRICARE Senior Prime Program were included. These metrics were identified by the TRICARE Senior Prime Quality Council as the performance indicators for their health plan. The listing of existing metrics for TRICARE Southwest is identified in Appendix A.

In order to provide an appropriate comparison, the performance measurement activities of the TRICARE Northwest Lead Agent Office (HSR 11) and a local civilian health plan, PacifiCare of Texas, were also selected for assessment. Region 11 provided an example of another DoD Lead Agent's approach with the same MCS contractor. Furthermore, TRICARE Northwest was a more mature region and had more experiences to draw upon. Their

metrics are listed in Appendix B and include the metrics supporting their "Border to Border Goals and Objectives" and selected ones from the Region 11 Program Management Review.

PacifiCare served as an example of another plan's activities within the same geographical region. As a non-governmental health plan, it also facilitated some other unique comparisons.

PacifiCare's metrics are included in Appendix C and include metrics that reflect their for-profit status.

Once the existing metrics for TRICARE Southwest, TRICARE

Northwest, and PacifiCare were collected, the second step was to
determine their candidacy as critical performance indicators for
TRICARE Southwest. All metrics were considered as candidates
unless one of the following conditions applied: (1) the
identified measurement was not actually a metric (e.g. a
narrative report such as a network provider listing); (2) the
measurement was an MTF, FHFS, or external-organization specific
metric (e.g. an operating profit margin); or (3) the measurement
was not a metric for executive level management consideration
(e.g. a total number of surveys processed). When there was any
uncertainty, the point of contact for the metric was queried
regarding the potential candidacy. These determinations are
included in the respective metrics' listings in appendices A, B,
and C.

The next step in the critical performance indicator identification process was to determine the core domains or performance drivers for TRICARE Southwest and to verify primary stakeholder acceptance. The Executive Staff, during a strategic management off-site meeting, identified the organization's 3 core domains: health status, operations/member services, and cost accountability. Subsequently, the Executive Staff drafted a goal for each domain. The 3 domains and their goals were clearly supported by the agenda of a primary stakeholder in the performance measurement process, the Regional Executive Council (REC).

The REC's membership is comprised of the MTF Commanders within the Southwest Region, to include 13 Air Force facilities, 4 Army facilities, and 1 Navy facility. The REC meets on a quarterly basis and discusses issues facing the TRICARE program. As a part of this process, they define the Critical Initiatives for the Lead Agent staff to target as opportunities for performance improvement activities. The most recent REC meetings were held in November 1998 and February 1999, during which their discussions and decisions supported the core domains and goals for regional performance measurement. Members of the REC agreed that the role of the Lead Agent's Office is not solely to monitor contract compliance, but to serve as a partner with the Managed Care Support Contractor in an effort to build

and maintain the best healthcare system possible. As such, these key stakeholders expect the Lead Agent staff to identify and track the fundamental measurements for operating a successful, regional healthcare delivery system.

In this effort, the next step was to organize the potential critical performance indicators by the 3 core domains and specific metric types. This step is important to ensure that the final metrics identified, following the content analysis, can assist the Executive Staff in determining, for each goal, potential objectives that are definable and measurable. This also allowed the combination of metrics from the 3 organizations, to eliminate redundancy and produce a consolidated list of critical performance indicator candidates. Table 1 depicts the 14 resulting categories for content analysis.

Table 1

<u>Categories for Content Analysis</u>

Health Status (Appendix D)	Operations/ Member Services (Appendix E)	Cost Accountability (Appendix F)				
Utilization		Enrollment Based				
Management	Provider Services	Capitation				
Quality Management	Customer Service	Resource Sharing				
Case Management	Customer Satisfaction	Claims Processing				
Health Care						
Information Lines	Enrollment	Pharmaceuticals				
Clinical Indicators	Access to Care					

### Content Analysis

The next stage in the process of identifying the critical performance indicators for TRICARE Southwest involved the use of a quantitative decision-making tool, known as the JUDGE (Judging Utility: a Decision Generator and Evaluator) Model. The JUDGE model provides an analytical method of making a decision and provides a mathematical best choice. However, the user of the model may have to consider additional factors before making the final decision. Using the JUDGE Model allowed the potential performance indicators identified for Region 6 to be compared with those of TRICARE Northwest and PacifiCare of Texas, by core domain and metric type.

The first step of the model was to specify the attributes of competing alternatives. In this case, that involved specifying the important attributes of a good metric. Seven attributes were used to describe the potential metrics: data quality, data accessibility, data timeliness, data actionable, strategic link, external benchmark, and stakeholder value.

The attributes used were identified in the literature

(Gundacker, 1998; National Performance Review, 1997; Roadman,

1999) as fundamental characteristics of good performance

measurements. Data quality, listed first, refers to the

accuracy of the metric's source data. Secondly, the data's

accessibility indicates the ease or difficulty in obtaining the

metric's source data. The currency of the metric's source data is assessed by the third attribute, data timeliness. The fourth attribute, termed data actionable, refers to the meaningfulness of the metric and the degree to which it facilitates executive level decision-making. The fifth attribute identified as strategic link indicates whether or not the metric is aligned with the TRICARE Southwest's mission, vision, and goals. Sixth, external benchmark evaluates the proliferation of the metric among the 3 organizations. Finally, the seventh attribute, stakeholder value, compares the metric to the critical initiatives and key interests of TRICARE Southwest's primary stakeholder, the REC.

The second step of the model was to rate the attributes.

Each attribute was rated on a 9-point scale. The bipolar relative rating scale is anchored at each point, with the measurement of 1 representing extremely undesirable and 9 representing extremely desirable. While none of the attributes are undesirable, their significance in the identification of the critical performance indicators is scored relative to one another.

Ratings were then recoded and rescaled (step three) so that a neutral point of zero could be obtained. This was accomplished by subtracting 5 from each of the ratings previously assigned on the 9-point scale. The ratings were then

rescaled by multiplying the recoded ratings by a scaling factor of 5.56. This factor is used so that the rescaled ratings sum to 100. The same initial and recoded ratings were included in all 14 JUDGE Model calculations that are found in Appendix G.

Step four was to identify the alternatives. There are a multitude of metrics in the healthcare industry. Again, the alternatives were limited to those critical performance indicator candidates that are: (1) already used at TRICARE Southwest, (2) used at TRICARE Northwest, and (3) used at Pacificare of Texas. Writing the alternative equations in linear form produces the following:

- Alternative A (Current Metric at TRICARE SW):  $Y^{(1)} = {}_{1}W_{1}V^{(1)} + {}_{1}W_{2}V^{(2)} + \dots + {}_{1}W_{10}V^{(10)}$
- Alternative B (Metric at TRICARE NW):  $Y^{(2)} = {}_{2}w_{1}V^{(1)} + {}_{2}w_{2}V^{(2)} + \dots + {}_{2}w_{10}V^{(10)}$
- Alternative C (Metric at PacifiCare of TX):  $Y^{(3)}_{=3}w_1V^{(1)}_{+3}w_2V^{(2)}_{+.....3}w_{10}V^{(10)}_{-}$

where Y is the alternative, w is the attribute's utility, and V is the rescaled rating.

Step six was to judge each attribute's utility in relation to each attribute. Table 2 indicates the method used in determining the utility of each attribute:

Table 2

Methods Used to Determine Attribute Utility

Attribute Number	Attribute Description	Method Used For Determining Utility	Source
1	Data Quality	Data Review	LA Info Mgt
2	Data Accessibility	Data Review	LA Info Mgt
3	Data Timeliness	Data Review	LA Info Mgt
4	Data Actionable	Data Review	Resident
5	Strategic Link	Exec. Interaction	Resident
6	External Benchmark	Data Review	Resident
7	Stakeholder Value	REC Review	Resident

The utility for attributes 1-3 was based on the responses of the Lead Agent's Chief of Data Quality and Analysis, Captain Barna Lambert, as she investigated the metrics. For attributes 4-7, the utility of each attribute was judged using a subjective, "best estimate" method based upon the Resident's interactions with the Executive Management Team, Lead Agent Staff Members, the Regional Executive Council, and representatives of the two external organizations. This involved assessing the importance of the metric to the organization based upon its need in executive level decision-making activities.

Step seven was a comparison of alternative decision indices. Calculating a weighted composite score for the alternatives for each attribute allowed a comparison of alternatives. The weighted composite score was calculated by multiplying the valence for each attribute by the weights for each alternative.

Evaluation of the decision components was the eighth step. Appendix G shows the final attribute scores for each alternative. After reviewing these attributes it was decided that no adjustment to ratings or weighted values would be necessary. The final step of the model is to determine the conclusion. Based upon the JUDGE model analyses, scores were calculated for each metric type and are also included in Appendix G.

#### The Results

#### Health Status

JUDGE Model calculations under the health status core domain were accomplished for utilization management, quality management, case management, clinical indicators, and healthcare information lines. For all five metric types, TRICARE Southwest's method scored highest. With the exception of healthcare information lines (which PacifiCare data did not include), PacifiCare's method scored second for each of the metric types. Several explanations exist for these findings.

The success of the TRICARE Southwest performance indicators for health status is largely due to the metrics that were included from the TRICARE Senior Prime demonstration. The utilization management, quality management, and case management metrics that are being used with the Senior Prime population

should also be considered for use with the Prime population.

This would mirror the practice used by PacifiCare, whereby metrics examined for the senior population are also measured for their commercial product. Furthermore, it should be noted that the clinical indicators of PacifiCare outscored those of TRICARE Southwest on the attributes of data actionable, strategic link, and stakeholder value. However, the pervasive lack of quality, accessible, and timely MHS clinical data from the TRICARE Southwest perspective largely prohibits PacifiCare's clinical indictors from usage at the Region 6 Lead Agent.

While TRICARE Northwest certainly has metrics measuring health status, their minimal representation in the metric types examined resulted in lower scores. Since TRICARE Northwest also includes a TRICARE Senior Prime demonstration, it is likely that they actually have more clinical metrics than were included in this study. Finally, their measurement for the healthcare information line is identical to that used by TRICARE Southwest, since the metric is a CDRL of the MCSC, Foundation Health Federal Services.

#### Operations/Member Services

JUDGE Model calculations under the operations/member services core domain were accomplished for provider services, customer service, customer satisfaction, enrollment, and access

to care. The results for this core domain were mixed across the three organizations, and there were some noteworthy trends.

TRICARE Southwest scored highest for both provider services and customer service. The importance of examining network adequacy coupled with issues such as provider satisfaction highlighted Region 6's efforts. Measuring customer service metrics are included in the quarterly performance management review of the MCSC, and emphasize compliance with contractual standards. PacifiCare, however, best measured customer satisfaction, through a process examining member complaints.

TRICARE Northwest scored highest for measuring enrollment as well as access to care. While the comprehensive list of metrics surrounding enrollment is similar between Regions 11 and 6, TRICARE Northwest has carefully extracted those specific performance measurements that are worthy of executive oversight. This resulted in higher weighted composite scores for their enrollment indicators. In measuring access to care, TRICARE Northwest excels by examining not only the civilian network compliance with access standards, but also the performance of the regional MTFs or the direct care system. This provides Region 11's executive team with a snapshot of the entire region's performance.

# Cost Accountability

JUDGE Model calculations under the cost accountability core domain were accomplished for enrollment based capitation, resource sharing, claims processing, and pharmaceuticals.

TRICARE Northwest performance indicators scored a perfect 100 for three of the metric types: enrollment based capitation, resource sharing, and pharmaceuticals.

Enrollment based capitation (EBC) and resource sharing are reflective of relatively new business practices for the MHS. In fact, EBC has not yet been implemented as a funding methodology for the MHS. Anticipating this future budgeting methodology, TRICARE Northwest monitors performance indicators both interand intra- regionally to assess their health plan's financial condition. While TRICARE Southwest is aware of resource sharing target savings versus actual savings, TRICARE Northwest monitors this regularly as a formal objective. Moreover, their executive staff also monitors regional pharmaceutical costs through inventory levels, utilization summary, and other health insurance off-sets. Data from PacifiCare did not indicate any monitoring activity surrounding pharmaceuticals.

Claims processing metrics for TRICARE Northwest scored just higher than those of TRICARE Southwest. Claims processing has increasingly become an area of focus for the MHS, and as a result, are receiving additional attention by performance

measurement activities. Areas of emphasis include claims' inventory levels, electronic claim volumes, and top five denial reasons. Two of TRICARE Northwest's "Border to Border" objectives are targeted at improving claims processing activities.

#### Limitations

As with any research effort, limitations of the study did exist. The procedures used in the data collection and content analysis phase required some amount of subjective interpretation by the resident and organizational points of contact. Attempts were made, however, to reduce the influence of subjectivity by establishing decision-making criteria and using the quantitative JUDGE Model. Furthermore, Regions other than 6 and 11 might be able to benefit from this GMP effort, but the recommended performance indicators are specific to Region 6 and reflect the perspective of TRICARE Southwest. Those Regions just beginning healthcare delivery may be slow in establishing the processes to collect the appropriate data and will also need to measure other metrics associated with a new MCSC.

#### Discussion

Clearly, the findings of this research provide some applicable information for Office of the Lead Agent. Comparing

TRICARE Southwest with TRICARE Northwest and Pacificare of Texas yielded both similarities and differences that are noteworthy.

Furthermore, the key characteristics of the critical performance indicators spotlight the fundamental requirements of appropriate health plan metrics. Finally, there are challenges that must be faced and, more importantly, addressed before an appropriate performance measurement system can be implemented. These issues (similarities/differences, key traits, and challenges) are addressed in detail below.

#### Similarities and Differences

As might be expected, the similarities among the three organizations were most often between the two DoD entities. The fact that both Lead Agent Offices work with the same Managed Care Support Contractor results in common CDRLs in many instances. Other similarities noted were the metrics established by TRICARE Southwest for the TRICARE Senior Prime program and the metrics used by PacifiCare for their senior citizen product line, Secure Horizons. This is largely due to the requirements that the Health Care Financing Administration (HCFA) places on health plans for Medicare patients.

The differences among the metrics of the three organizations also highlight some interesting points.

PacifiCare of Texas, as a for-profit company, certainly had more

financial measurements than the two federal organizations.

These measurements not only addressed cost accounting but also revenue management. Additionally, it should be noted that PacifiCare largely monitored the same metrics for both their commercial and senior product lines. Whereas, TRICARE Southwest segregates their existing performance measurement processes.

Finally, TRICARE Northwest grouped their metrics by the organization's goals and objectives, while TRICARE Southwest does not have an existing system in place for indexing the metrics utilized.

### Key Traits

Regardless of the source organization, the critical performance indicators identified possess some key traits that contribute extensively to their effectiveness as management metrics. For those metrics that address the health status of the population, an important feature was a focus on conditions that are principally treatable through modification of health behaviors. This provides the organization with targeted opportunities for health promotion and preventive medicine efforts with the goal of improved patient outcomes. Examples include smoking cessation, cardiovascular exercise, and nutritional education for health plan membership. Another focus of health status metrics is the utilization of health services.

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The organization can use this information to consider the deployment of demand management techniques as well as to determine the acuity level of their health plan membership.

The critical performance indicators for operations and member services also have some distinguishing features.

Compliance with standards is important for ensuring access to care, and it also impacts customer satisfaction levels. Member services such as toll-free telephone lines must be monitored rigorously to ensure that customers receive timely, accurate information. In addition, enrollment processes must be clearly defined and efficient, not only to expedite eligibility verification but more importantly to provide health plan members with the tools needed to access health services. Finally, provider-focused metrics must address credentialing processes and network adequacy.

Cost accountability has become increasingly important for Lead Agent Offices. With the potential implementation of Enrollment Based Capitation, the fiscal state of the region must be assessed proactively so that proper arrangements are established with the Managed Care Support Contractors. TRICARE Northwest has established metrics to accomplish this, providing true indicators of a critical performance area. Resource sharing opportunities must also be identified and evaluated to determine potential savings. Another area that has drawn

national attention for TRICARE, more so than civilian health plans, is claims processing. Several critical performance indicators for claims processing should be monitored regularly to maintain productive relationships with civilian network providers.

# Challenges for Implementation

Undoubtedly, there are some formidable challenges for TRICARE Southwest as they seek to establish an effective performance management system. Issues surrounding data quality should be addressed regionally, just as they currently are at the DoD level. It is also vital that the Lead Agent Office hold the entire health system accountable and not solely the contracted portion. Moreover, for a performance measurement system to be implemented, TRICARE Southwest's executive team should focus its sights on the strategic landscape they are facing. This requires that they identify the internal organization's strengths and weaknesses and the external environment's opportunities and threats.

From discussions with and actions of MHS leadership, it is clear that several concerns surround data quality. The usage of multiple information systems, that are often incompatible, hamper data extraction. Issues surrounding the uncertain accuracy of the data that is collected give rise to speculation

among decisionmakers. The lack of standard business practices among the three services (Army, Navy, and Air Force) further exacerbates the problem. To address these and other data quality concerns, national MHS organizations, such as TMA, are creating teams focused on data management. A continuous improvement approach will be necessary to navigate this complicated terrain, and TRICARE Southwest should plan to address these hurdles from the regional perspective.

A second major challenge for the Lead Agent Office in establishing performance measurement processes is the disparity that exists between the MTFs and civilian provider networks. While Lead Agent staff members aggressively monitor the MCS Contractors performance, MTFs are not held accountable for the same results. This is due to the lack of command and control authority of Lead Agents over the MTFs in TRICARE Regions. three services maintain authority over their respective facilities. This presents a tremendous obstacle for effective and efficient operations from a regional health plan perspective. Notwithstanding the current MHS structure, Lead Agent Offices, such as TRICARE Southwest, can seek to identify MTF performance deficiencies through a systems approach and through tactful, diplomatic relationships improve overall MHS performance.

Finally, TRICARE Southwest must build upon clearly defined goals and objectives as they address performance measurement activities. The organization currently has three overarching goals: (1) optimize the health status or the regional population; (2) optimize member-focused services for the regional population; and (3) optimize fiscal performance in the region. The critical performance indicators identified for each of the 3 core domains and the aforementioned related goals should assist the executive staff in determining measurable objectives. Once established, these foundational elements should provide TRICARE Southwest with the basis for an effective performance measurement system.

#### Conclusions and Recommendations

As the Region 6 Lead Agent Office prepares for future MHS rightsizing and potential restructuring, a well established performance measurement system that monitors the critical performance indicators will provide a mechanism for executive management decision support. Through a comparative analysis of similar health plans, the critical indicators have been identified for each of the core domains. Appendix H provides a matrix that lists, by their core domains, the critical performance indicators identified through the JUDGE Model calculations and provides executives a tool to indicate

applicability across the TRICARE Southwest's "Family of Health Plans."

This GMP wholeheartedly concurs with the fundamental elements required for an effective performance measurement process as identified in 1997 by the National Performance Review. The central findings of the "Benchmarking Study Report" were:

- Leadership is critical in designing and deploying effective performance measurement and management systems.
- A conceptual framework is needed for the performance measurement and management system.
- Effective internal and external communications are the keys to successful performance measurement.
- Accountability for results must be clearly assigned and well understood.
- Performance measurement systems must provide intelligence for decisionmakers, not just compile data.
- Compensation, rewards, and recognition should be linked to performance measurements.
- Performance measurement systems should be positive, not punitive.
- Results and progress toward program commitments should be openly shared with employees, customers, and stakeholders.

The executive staff of TRICARE Southwest should consider these tenets of quality management as they further develop their performance measurement processes.

Without a doubt, the MHS will continue to face budgetary pressures. Identifying the critical performance indicators for regional management of TRICARE is simply the beginning of the continuous improvement efforts that should be sought. Future research should be targeted toward improving the overall operations of the TRICARE program through trend analyses and business practice enhancements. Furthermore, additional studies to determine specific benchmarking opportunities with civilian health plans would benefit the MHS as it seeks to implement the industry's best practices.

The Lead Agent Office of Region 6 is well positioned for a dynamic future. In their quest to optimize MHS performance, the established core domains and goals provide targets to guide the arrows of effort. A comparison with similar health plans allowed the identification of critical performance indicators to be monitored. Through consistent assessment activities, TRICARE Southwest can translate vision into reality and truly become the premier MHS health plan.

Appendix A TRICARE Southwest Existing Metrics

	VVV	I KICAKE SOUTHWEST PEROTHERICE INDICATORS					
) - a	7 10 00 00 00 00 00 00 00 00 00 00 00 00	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREO.
						•	-
CDRL	A001	Resource Sharing Agreements	SGLR/Major Valdez	FHFS	2	•	Quarterly
CDRL	A004	Resource Support Report	SGLR/Major Valdez	FHFS	Q Q	3	Quarterly
CDRL	A005	Provider Satisfaction Report	SGLB/Lt Col Jones	FHFS	ON N	1	Annually
CDRL	A006	Beneficiary Satisfaction Report	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	A008	Contractor Weekly Status Report	SGLB/Lt Col Jones	FHFS	ON ON	1	Quarterly
CDRL	A009	Quality Management Activity Report	SGLC/Major(s) Ryan	FHFS	<u>Q</u>	-	Quarterly
CDRL	A00A	Catchment Area-Specific Meeting Minutes	SGLU/TSgt Osborne	FHFS	ON ON	1	Quarterly
CDRL	A00B	Enrollment Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A00C	Health Care Finder Activity Report	SGLU/TSgt Osborne	FHFS	<u>Q</u>	3	Quarterly
CDRL	A00E	Network Adequacy Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A00F	Resource Sharing Reporting & Certification Report	SGLR/Major Valdez	FHFS	ON	<b>~</b>	Quarterly
		OCHAMPUS Contractor Monthly Workload Report					
CDRL	A000	in-System	SGLB/Lt Col Jones	FHFS	9	ო	Quarterly
		OCHAMPUS Contractor Monthly Workload Report-					
CDRL	A00R	out-of-System	SGLB/Lt Col Jones	FHFS	2	က	Quarterly
		OCHAMPUS Contractor Monthly Cycle Time/Aging			·		
CDRL	A00S	Report-in-System	SGLB/Lt Col Jones	FHFS	2	က	Quarterly
		OCHAMPUS Contractor Monthly Cycle Time/Aging					
CDRL	A00T	Report-out-of-System	SGLB/Lt Col Jones	FHFS	2	က	Quarterly
CDRL	A00U	Status Location Report	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	A00W	CHAMPUS Fraud & Abuse Summary Report	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	A00Y	Quarterly Provider Representatives Report	SGLB/Lt Col Jones	FHFS	Q Q	7	Quarterly
CDRL	A00Z	Contractor Weekly Report	SGLC/Major(s) Ryan	FHFS	YES		Weekly
CDRL	A010	Toll-Free Telephone Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A015	Utilization Management Report	SGLU/TSgt Osborne	FHFS	ON	3	Quarterly
CDRL	A017	Quarterly News Bulletin	SGLO/Major Richard		ON	1	Quarterly
CDRL	A019	Provider and Beneficiary on Prepayment Review	SGLB/Lt.Col Jones	FHFS	ON	-	Quarterly
CDRL	A01A	Case Management Report	SGLU/TSgt Osborne	FHFS	ON	က	Quarterly
CDRL	A01B	Health Care Services Dollars Paid Report	SGLR/Lt Col Carden	FHFS	ON ON	က	Quarterly

	\\	TRICARE Southwest Performance Indicators	informance Indicators				
	3						
T R C	ARE	Existing Management Metrics:			CRITICAL		
u th	Vost				PERF. IND.	DENIAL	
	REF #	TITE	Poc	SOURCE	CANDIDATE	REASON*	FREQ.
CDRL	A01C	Quarterly Financial Statement	SGLR/SSgt Benson	FHFS	S S	က	Quarterly
CDRL	A01D	Annual Audited Financial Statements	SGLR/TOM/RJ	FHFS	9	1	Annually
CDRL	A01G		SGLB/Lt Col Jones	FHFS	S S	1	Quarterly
CDRL	A01H	TRICARE Service Center Telephone Report	SGLB/Lt Col Jones	FHFS	2	3	Quarterly
CDRL	A01J	Clinical Quality Management Annual Report	SGLU/TSgt Osborne	FHFS	Q.		Annually
CDRL	A01M	Enrollment Program Progress Reports	SGLB/Lt Col Jones	FHFS	9	-	Quarterly
CDRL	A01N	Staffing Level Report	SGLB/Lt Col Jones	FHFS	Q.	-	Quarterly
CDRL	A01P	Audits	SGLC/APM/Major(s)	FHFS	S S	9	Quarterly
CDRL	A01Q	Report of Clinical Quality Management Program	SGLU/TSgt Osborne	FHFS	9		Quarterly
CDRL	A01R	Network Newsletters	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	A01S	Health Care Information Report	SGLP/Lt Col Blamire	FHFS			Quarterly
CDRL	A01AA	mance Measurements	SGLU/CPM/TSgt Os	FHFS	9	-	Quarterly
CORL	A01AB		SGLP/Lt Col Blamire	FHFS			Quarterly
CDRL	A01AC	Ç	SGLU/TSgt Osborne	FHFS	<b>S</b>	8	Quarterly
CDRL	A01AD	:Ms	SGLU/TSgt Osborne	FHFS	9		Quarterly
CDRL	A01AE	<u>S</u>	SGLP/Lt Col Blamire	FHFS	2	က	Quarterly
CDRL	A01AF	Utilization Management Requirements	SGLU/TSgt Osborne	FHFS	9		Quarterly
CDRL	A01AG	Quarterly Rebundling Summary Report	SGLB/Lt Col Jones	FHFS	Q	-	Quarterly
CDRL	A01AH	CHAMPUS Representatives Visit Plan (Quarterly)	SGLB/Lt Col Jones	FHFS	9	-	Quarterly
CDRL	A01AI	Consultative Efforts and Status Report	SGLB/Lt Col Jones	FHFS	9	-	Quarterly
i		MTF Specific HMO Development Plans(A01AJ is					
CDRL	A01AJ	included in A01AI)	SGLB/Lt Col Jones	FHFS	2	-	Quarterly
CDRL	A01AK	MTF Specific Summary Report	SGLC/APM/Major(s)	FHFS	9	3	Quarterly
CDRL	A01AL	Development of Two Clinical Pathways	SGLC/CPM/TSgt Os	FHFS	9	3	Quarterly
CDRL	A01A0	List of All Network Providers	SGLB/Lt Col Jones	FHFS	9	-	Quarterly
CDRL	A01AS	Inappropriate Admissions	SGLU/TSgt Osborne	FHFS	2	1	Quarterly
	A01AT	Report of Number & Percentage of NASs	LAU	FHFS	<u>Q</u>	3	Quarterly
	A01AU 03-09	A01AU 03-09 Monthly Utilization Management Reports	SGLU/TSgt Osborne	FHFS	ON	က	Monthly
CDRL	A01AY	Preventative Reports	LAP	FHFS	9		Quarterly
CDRL		SHCP Monthly Workload Report	SGLB/Lt Col Jones	FHFS	ON ON	3	Monthly

7							
	3						
7 B C	1 H H H	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	ITLE	POC	SOURCE	CANDIDATE	<b>REASON</b> *	EREO.
		CHCBP Claims & Correspondence Monthly					
CDRL		Cycle/Time Aging & Workload Reports	SGLB/Lt Col Jones	FHFS	ON	3	Monthly
		Medicare Drug Claims & Correspondence Monthly					-
CDRL		Cycle/Time Aging & Workload Reports	SGLB/Lt Col Jones	FHFS	<u>Q</u>	3	Monthly
CDRL		Quarterly Claims Processing	SGLB/Lt Col Jones	FHFS	2	င	Quarterly
CDRL		Pharmacy Quarterly Report	SGLB/Lt Col Jones	FHFS	<u>Q</u>	1	Quarterly
CDRL	AOOM	Annual Management Quality Control Plan	SGLU/Lt Col Stonue	FHFS	<u>Q</u>	-	Annually
CDRL	A01W	Annual National Quality Monitoring Plan	SGLU/Lt Col Stonue	FHFS	2	-	Annually
		Annual Utilization Management Program Plan					
CDRL	A00G	w/Revisions	SGLU/Lt Col Stonue	FHFS	2	-	Annually
		Annual Clinical Quality Management Program Plan					
CORL	A00H	& Grievance Plan	SGLU/Lt Col Stonue	FHFS	2	_	Annually
		Suggestion Box Responses from TRICARE Svc.					
CDRL		Centers (June 1998)	SGLC/Mr. Chippie	FHFS	9	_	Quarterly
				·			
TSP		Credentialing					
TSP		# adverse actions	SOTOS	MTFs	YES		Quarterly
TSP		# privileged providers by specialty	SOTOS	MTFs	YES		Annually
TSP		#privileged providers by adverse actions	SOTOS	MTFs	YES		Annually
TSP		Appeals and Grievances					
TSP		total number (%) appeals	TSgt Osborne	4	YES	,	
TSP		total number (%) grievances	TSgt Osborne	₹	YES		
TSP		total number outstanding appeals	TSgt Osborne	ጟ	YES		
TSP	!	total number outstanding grievances-	TSgt Osborne	Y	YES		
TSP		Consumer Satisfaction					
TSP		Results of CAHPS	SOTOS	HCFA	ON	2	Annually
TSP		Provider Satisfaction					
TSP		Results of survey	LTC Minderler	4	YES		Annually
TSP		Status of workplan					
TSP		Results reported quarterly	LTC Minderler	≤	2	6	Quarterly

N N		NICARE COUSTWEST POSCOSSENCE INCICATORS	2			
33/						
TRICARE	Existing Management Metrics:		,	CRITICAL		
Southwest				PERF. IND.	DENIAL	
KEF#		Poc	SOURCE	CANDIDATE	REASON*	FREO.
TSP	NM					
TSP	ER visits per 1000 enrollees	SCLOS	CEIS	YES		Ouarterly
TSP	Hospital admissions per 1000 enrollees	SOTOS	CEIS	YES		Ouarterly
TSP	Specialty referrals per 1000 enrollees	SCLOS	FHFS	YES		Ouarterly
TSP	Average LOS by DRG	SCLOS	CEIS	YES		Ouarterly
TSP	Outpt visits per specialist per 1000 enrollees	SCLOS	CEIS	YES		Ottarterly
	Skilled nursing facilities referrals per 1000					Accuracy of
TSP	enrollees	SOTOS	FHFS	õ	8	Quarterly
TSP	Home health agency referrals per 1000 enrollees	SGLOS	FHES	C	6	Output
				2		K COUNTY
TSP		SOTOS	FHFS	2	8	Quarterty
	one visit per					
TSP		SCLOS	CEIS	2	8	Annually
	Proportion of enrollees with at least 5 or more					
TSP		SCIOS	CEIS	2	0	Annually
	Outpt visits per 1000 among enrollees with at					
TSP	per year	SOLOS	CEIS	2	8	Annually
TSP	QM - HEDIS 3.0					
TSP	Results reported annually	SCLOS	TMA	Q	2	Annually
TSP	Risk Management					
TSP	# medical malpractice claims paid	SOTOS	MTFs	9	2	Annually
		,				
DAAD_DC						
SN-VINIL	Resource Sharing	Susan Thomas	FHFS - PMR		)	Quarterly
1 C-2.a.(4).	A revised Resource Sharing plan shall be C-2.a.(4).(a).2 submitted to the Lead Agents sixty (60) days prior to the start of each new health care option period.			Q	•	

Existing Management Metrics:  s o u t h w e e t  S o u t h w e e t  S o u t h w e e t  REF # Provide the MTF Commanders a cc analysis within 30 calendar days of agreements and capitated arranger be reported on a HCSR in all cases is delivered by professional practitic Annual audits by independent CPA performed on each Resource Sharin services delivered by professional practitic Annual audits by independent CPA performed on each Resource Sharin be reported on a HCSR in all cases is delivered by professional practitic Annual audits by independent CPA performed on each Resource Sharin c-2.a.(4). Ninety percent (90%) of all calls must completion during the initial and call. If call is not completed during initial must be made within 2 days. Ninety-five percent (95%) of all fin written replies must be provided w written replies must be provided w	<b>***</b>	TRICARE Southwest Performance Indicators	ormance Indicators				
C-2.a.(4).(a).3 C-2.a.(4).(b).9 (c-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)							
C-2.a.(4).(a).3 C-2.a.(4).(b).9 (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)	1 4 4 C - A	Existing Management Metrics:			CRITICAL		
C-2.a.(4).(a).3 C-2.a. (4).(b).9 C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)	outhwest				PERF. IND.	DENIAL	
C-2.a.(4).(a).3 C-2.a. (4).(b).9 C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)	REF #	TILLE	DOG	SOURCE	CANDIDATE	REASON*	FREO.
C-2.a.(4).(a).3 C-2.a. (4).(b).9 C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		Provide the MTF Commanders a complete cost					
C-2.a. (4).(b).9 (b).9.(a) (b).9.(a) (c-9f.(2)(b) (c-9f.(		analysis within 30 calendar days of a written					
C-2.a. (4).(b).9 C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)							
C-2.a. (4).(b).9 C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		sharing opportunity by the MTF Commander.			2	7	
C-2.a. (4).(b).9 C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		Except for external resource sharing agreements,					
(4).(b).9 (c-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)	8 C-U	services delivered under resource sharing			4		
C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		agreements and capitated arrangements must also					
C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)	0.(2).(1)	be reported on a HCSR in all cases where the care					
C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		is delivered by professional practitioners.			ON	3	
C-2.a.(4). (b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		Annual audits by independent CPA firms shall be					
(b).9.(a) Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)	C-2.a.(4).	performed on each Resource Sharing agreement to					
Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)	(b).9.(a)	validate that it is correctly reported under contract	٠.				
Internal Goal C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		provisions.			2	ო	
C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(b)		Submit deliverables and the review and approval					
TRICARE Service Center Ninety percent (90%) of all acknowledged by a telephorated Response Unit seconds after initial greetir seconds after initial greetir seconds after initial greetir (91.(2)(b) Eighty percent (80%) of canpletion during the initial frall is not completed during the made within 2 day Ninety-five percent (95%) written replies must be pro		form to Program Compliance by agreed to date and					
C-9f.(2)(b) Automated Response Unit seconds after initial greetin seconds after initial greetin completion during the inital frall is not completed during frall is not completed frall is not completed during frall is not completed frall					NO	2	
C-9f.(2)(b) Automated Response Unit seconds after initial greetir seconds after initial greetir Eighty percent (80%) of ca completion during the inital froall is not completed dur must be made within 2 day Ninety-five percent (95%) written replies must be pro	AR-TSC		Ken Ansell/George B FHFS - PMR	FHFS - PMR			Quarterly
C-9f.(2)(b) Automated Response Unit seconds after initial greetir seconds after initial greetir Eighty percent (80%) of ca completion during the inita (C-9f.(2)(b) must be made within 2 day (C-9f.(2)(b) written replies must be pro		Ninety percent (90%) of all calls must be	-				
C-9f.(2)(b) C-9f.(2)(b) C-9f.(2)(c) C-9f.(2)(b) C-9f.(2)(c) C-9f.(2)(c) Ninety-five percent (95%) Written replies must be pro	4 (2)(h)	acknowledged by a telephone representative or					
C-9f.(2)(b) Eighty percent (80%) of ca completion during the initial process (20%) of calcall is not completed during the mast be made within 2 day (2-9f.(2)(b) written replies must be process.	(0)(7):10-0	Automated Response Unit (ARU) within 120					
C-9f.(2)(b) Eighty percent (80%) of ca completion during the inita (C-9f.(2)(b) must be made within 2 day (C-9f.(2)(b) written replies must be pro		seconds after initial greeting.			YES		
C-9f.(2)(b) If call is not completed dur must be made within 2 day Ninety-five percent (95%) written replies must be pro		Eighty percent (80%) of calls must be handled to completion during the inital call.			YES	`	
C-9f.(2)(b) must be made within 2 day Ninety-five percent (95%) written replies must be pro		If call is not completed during initial call, call back					
C-9f.(2)(b) Ninety-five percent (95%) written replies must be pro		must be made within 2 days.			YES		
(2)(2)::0	÷	Ninety-five percent (95%) of all final call backs or			r		
		written replies must be provided within 10 days.			YES		
One hundred percent (100%) of all		One hundred percent (100%) of all final call backs					
or written replies must be		or written replies must be provided within 20 days.			YES		

	VVV	TRICARE Southwest Performance Indicators	mance indicato	E			
$\parallel \parallel$	33						
	ARE	Existing Management Metrics:			CRITICAL		
South	outhwest				PERF. IND.	DENIAL	
	REF#	TILE	BOC	SOURCE	CANDIDATE REASON*	REASON*	FREO
9	C-2a (5)b.(2)	Beneficiaries telephoning the TSC shall be placed					
		on hold for no longer than 5 minutes.			YES		
	C.8.h/OPM Pt	The contractor shall have a Quality Control					
7	1/Ch 1 Sec	Program of supervisory review of all telephone					
•	} } ≥	responses. The sample shall include at least one					
		percent (1%) of telephone responses.			2	(7)	
		Ninety-eight percent (98%) of walk-in inquiries will				,	
œ	RAFO IX-80	be resolved within the initial visit. The balance will					
•		be tracked to ensure final response is rendered					
		within 2 days of receipt of the inquiry.			YES	-	
σ	RAEO IX 80	Walk-in beneficiaries will be greeted within 5					
•	20 Ki	minutes of arrival.			YES	-	
		Referral Services available at TSCs with no more					
2	C-2a(2)	than a 15 minute wait for beneficiaries visiting the					
		HOF.			YES		
Ş		Customer Service available at TSCs with no more					
F	Internal Goal	than a 15 minute wait for beneficiaries visiting the					
		BSR.			YES	•	
12	C-2a(1)	Contractor shall keep updated on current status of MTF capabilities via close liaison with TSCs.			9	m	
		Quarterly review of QA, UM, Marketing, Network					
<del>.</del>	C-2a(5)	Development, Resource Sharing and other					
		activities with MTF Commanders and Lead Agents.			8	ო	
7	BAFO IV-53	Beneficiary Service Representatives will ensure					
		applications are completed accurately at the TSC.			9	က	
15	BAFO IV-61	Within 24 hours of receipt the TSC staff will pre-					
		Second and and lower to the r.C. Box.			ON ON	က	

	VVV	TRICARE Southwest Performance Indicators	mance Indicators				
( )	777	Existing Management Metrics:			CRITICAL		
 	West				PERF. IND.	DENIAL	
	REF#	1116	Poc	SOURCE	CANDIDATE	REASON*	EREQ.
		Submit deliverables and the review and approval					
16	Internal Goal	form to Program Compliance by the agreed to date		. <del>-</del>			
		and time.			2	ო	
PMR-QM		Quality Management Jin	Jim Thomason/Carla FHFS - PMR	FHFS - PMR			Quarterly
	Sec C-9h	Medical/Surgical: Quality Management shall					
<b>4</b>	OPM-I. Chap	process 95% of all grievances to completion within					
	1 Sec III.G3	(60) calendar days from the date of receipt.			9	ო	
•	laternal Goal	Medical Record Audits: Medical/Surgical Standard-					
١	III God	5 Physician Offices Per Quarter.			2	7	
•	Internol Gool	Quality Review Studies: Medical/Surgical Standard-					-
?		2 studies per year.			2	7	
	Sec C-9h	Mental Health: Quality Management shall process					
4	OPM-I. Chap	95% of all grievances to completion within (60)					
	1 Sec III.G3	calendar days from the date of receipt.			2	က	
4	Internal Good	Medical Record Audits: Mental Health Standard-5					
P	internal Goal	Physician Offices Per Quarter.			<b>Q</b>	7	
Œ	Internal Goal	Quality Review Studies: Mental Health-Standard-1					
•		study per year.			Q	2	
		Grievance Inquiries: All written grievances shall be					
7	c-9.h	date stamped (with the actual date of receipt)					
		within 3 workdays.			Q	3	
		Grievance Inquiries: Provide written response by					
		the 30th calendar day for all Grievances not					
<b></b>	c-9.h	processed to completion by that date. The					
		response must include the delay reason and an		•			
-		estimated completion date.			YES		
	70						
6	OFM-1, Chap						
	1, Sec IV.D.1	appeals and correspondence processed and			Ç	C.	
				ļ		,	-

	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TRICARE Southwest Performance Indicators	rformance Indicators				
$\left( \right) $	1						
T R C	A 20 A	Existing Management Metrics:			CRITICAL		
South	outhwest				PERF. IND.	DENIAL	
	REF#	TILE	Poc	SOURCE	CANDIDATE	14	FRED
		Submit deliverables and the review and approval				177	7
5	Internal Goal	form to Program Compliance by the agreed to date					
		and time.	-		2	ო	
PMR-CM		Case Management	Eileen Rodgers/Jim	FHFS - PMR			Ouarterly
•	ර	Medical/Surgical evaluations shall be initiated on at	+-				
-	3.d.(19).b.(1)	least 100% of the cases within (1) workday.			2	67	
•	ბ	Medical/Surgical evaluations shall be completed on				,	
•	3.d.(19).b.(1)	100% of the cases within (5) workdays.			YES		
67	ර	Mental Health evaluations shall be initiated on at					
,	3.d.(19).b.(1)	least 100% of the cases within (1) workday.			9	ო	
<b>.</b>	<u>ა</u>	Mental Health evaluations shall be completed on					
	3.d.(19).b.(1)	100% of the cases within (5) workdays.	·		YES		
		Case Management has a projected Cost Avoidance					
<b>10</b>	Internal Goal	savings based on the previous year's actual cost					
		avoidance.			9	7	
		Submit deliverables and the review and approval					
<b>.</b>	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			2	ო	
PMR-UM			Eileen Rodgers/Jim	FHFS - PMR			Quarterly
. ,	į	SUC					
-	C-3.d.(7).f	on at least 90% of all requests shall be issued					
		WILLIN (1) WORKDAY.			9	က	
8	C-3.d.(7).f	Medical/Surgical preauthorization determinations on 100% of all requests shall be issued within (5)					
		workdays.			YES		
n	C-3 d (7) a	Mental Health preauthorization determinations on 90% of all regulate shall be idented within 71					
	B.(.)	workday.			2	m	
4	C-3.d.(7).g	Mental Health preauthorization determinations on 100% of all requests shall be issued within (5)					
		workdays.			YES		

	W W	TRICARE Southwest Performance Indicators	formance Indicator	90			
1	马马						
T R C	ARE	Existing Management Metrics:			CRITICAL		
u t h	Wost				PERF. IND.	DENIAL	
	REF#	TITLE	<u> </u>	SOURCE	CANDIDATE	REASON*	EREO.
		Submit deliverables and the review and approval					
ro.	Internal Goal	form to Program Compliance by the agreed to date					
	:	and time.	•		2	က	
PMR-IPS		Integrated Pharmaceutical Services	Ray Nan Berry	FHFS - PMR			Quarterly
-	C-8 f(4).(a),1	Produce a quarterly report on pharmacy provider network to FHFS.			ON.	2	
2	C-8 f.(1).a	Send monthly report to FHFS on the toll-free help desk telephone service.			Q	2	
က	C-5.1.a	Transmit paid claims data to FHFS' current claims system.			ON	2	
4	C-1 c.(2)	Ensure that TRICARE PRIME program benefits are uniform across the civilian network pharmacies.			ON		
S	C-3 a.(2)(c)7.b	Inform providers of program changes and developments through timely and accurate communication.			ON.	-	
9	C-3 b.	Identify and resolve provider relations issues within 30 calendar days of identification.			YES		
<b>2</b>	C-3 b.	Operate a clinical quality management program which results in demonstrable quality improvement of health care provided to beneficiaries and of the process and services delivered by the subcontractor.			ON	-	
∞ :	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.		•	S.	က	
PMR-PS		Provider Services	Pat Garvin	FHFS - PMR	~		Quarterly
-	Tech. Prop III 128	Provider Education/Provider Relation representatives will conduct 1,000 site visits per month to spot check CHAMPUS requirements and complete a site visit survey.			Q.	ю	

	VVV	TRICARE Southwest Performance Indicators	mance Indicators	-			
<b>  </b>	3						
TRIC	A R E	Existing Management Metrics:			CRITICAL		
Southwest	Wost				PERF. IND.	DENIAL	
	REF#	TITLE	Boc	SOURCE		JЩ	FREO.
N	C-3.(4).a	PCM:2,000 enrollees, and 1 Provider (all types):					
		1,200 enrollees.			YES		
<u></u>	c-3 (4) b	A sufficient level of delivery sites to ensure access					
•	2.(.)				YES		
•	C-3 (4) C	Contract drive times not to exceed 30 minutes for					
•	27.12.5	primary care or 60 minutes for specialty care.			YES		
<b>V</b>	C-2 (4) d	Access to emergency services 24 hours per day, 7					
	D(11):00	days per week.			YES		
ď	(V) 6-0	Office wait times in non-emergency situations shall					
•	D-0-(±).c	not exceed 30 minutes.			YES		
	C-3 (4) 6	Appointment wait times: well visit wait shall not					
-	1.(1):00	exceed 4 weeks.			YES		
œ	C-3 (4) f	Appointment wait times: routine visit wait shall not					
•	-(-(-)-	exceed one week.			YES		
<b>o</b>	0-3.(4).f	Appointment wait times: acute visit shall not					
		exceed one day.			YES		
2	0-3.(5).(2).c	Appointment wait times: specialty care visit wait					-
		shall not exceed 4 weeks.			YES		
11	c-3.(4).g	Accessibility needs of the handicapped.			9	က	
12	c-3.(5).a	PCMs shall be available 24 Hours per day, 7 days					
	Drowledge	FO WOOM.			YES		
5	Frovider Educ, Plan	Provider Newsletters will be sent out Quarterly					
	Sec. V	(Due 10/98).			02	-	
		Submit deliverables and the review and approval					
<b>‡</b>	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			9	က	
PMR-M		Marketing	Alex Barberena	FHFS - PMR		5	Quarterly

	W	TRICARE Southwest Performance Indicators	nance indicators				
()	3						
- C	ARE	Existing Management Metrics:			CRITICAL		
Southwest	¥ 0 \$ t				PERF. IND.	DENIAL	
	REF#	IIILE	POC	SOURCE	CANDIDATE	REASON*	FREQ.
ŀ	Marketing	Two TRICARE briefings conducted monthly in each				,	
-	Plan 4.1 p19	each PRIME Non-Catchment Area.			2	ო	
•	Marketing	News release about the TRICARE program sent					
7	Plan 1.1 p13	monthly to each MTF/Base Newspaper.			9	7	
	Marketing	Stuffers containing TRICARE program and					
က	Plan 2.2 p16	preventive care information to be included in CEOBs sent to CHAMPLS users			Ç	ď	
		A modeline moderne de administration A					
	A 4	A monthly mailing to parents of newborn children of					
4	Markeung Dian 2 3 n16	newly adopted children, encouraging the parents to					
	Tiall 2.3 p 10			··· • ·	J		
		data from the PKIME Newborn Beneficiary Report.			Q.	က	
•	Marketing	A mailing, conducted monthly, to the top 2,000					
ი	Plan 2.5 p17	I RICARE Standard users and top 2,000 Extra			Ç		
	Marketing	Ongoing Telemorketing sensions provided for		.	2	<b>S</b>	
9	Plan 3.1 p18	Origonity retential Networks provided for TRICARE beneficiaries.	ţ		9	<b>ෆ</b>	
		Marketing Representatives to contact and follow-up					
	Marketing	with local spouse clubs, retiree groups, officer's					
_	Plan 4.1 p19	associations, etc., to arrange opportunities to					
		present the TRICARE program to eligible			9		
		penericianes.			2	20	
	50,000	Ongoing coordinated marketing activities at military					
∞	Plan 4.2 n19	Installations. Activities include placement of marketing materials and fliers at hase exchange			•		
		commissaries, family support centers, etc.			Ç	6	
		Oraciona superiori falloni in transfer animano		-	2	,	
o o	Marketing Plan	conducted by the Telemarketing Unit based on			:		
		data provided by the Enrollment Department.			ON N	3	

	VVV	TRICARE Southwest Performance Indicators	formance Indicator				
	13						
- B	ARE	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	TITE	Soci	SOURCE	CANDIDATE	REASON*	FREO.
-	Marketing	Newsletters: Beneficiary Newsletters (three times					
2	Plan 1.2 p14	per year).			2	ო	
		Special events/promotions and participation at					
;	Marketing	health fairs, air shows, picnics, golf tournaments,					
•	Plan 4.2 p19	etc. as scheduled at each MTF (at least one			-		
	,	special event per year).			2	2	
	Marketing	A set of TRICARE briefing slides to be used at					
7	Dian 4.1 n.10	TRICARE briefings to educate beneficiaries about					
	riali +. i pis	their TRICARE benefits (once per year).			2	m	
		Direct Mail pieces sent to non-enrolled MTF users.					
~	Marketing	The MTF will provide mailing lists and/or other					
2	Plan 2.1 p15	distribution methods (no more than twice annually					
		at MTFs that support project).			9	7	
		One hundred hours professional marketing			•		
14	BAFO Section	BAFO Section consultation services provided to the Southwest				•	
	4.1.1, pIV-19	Lead Agent (once per year upon request by					
					2	m	
	Marketing						
2	Plan 5.1 p20	Items for use in promoting the program (ongoing during the Option Period)			9	•	
16	Marketing Plan 5.2 p20	Production and distribution of posters.			2 2	2 «	
17	Contract Mod	Upgrade display booth graphics as mutually agreed by Southwest Lead Arent and the Design B					
	A00010	Marketing Manager.			Q	m	
		Submit deliverables and the review and approval					
<b>€</b>	Internal Goal	form to Program Compliance by the agreed to date					
7					Q	3	
TMK-F		Enroliment	Dan Carlson	FHFS - PMR		5	Quarterly

	W	TRICARE Southwest Performance Indicators	mance Indicator				
<b>()</b>	33						
- a	, u	Existing Management Metrics:			CRITICAL		
Southwest	1 5 0 A				PERF. IND.	DENIAL	
	REF#	TITE	POC	SOURCE	CANDIDATE REASON*	REASON*	EREO.
-	Internal Goal	Meet or exceed the Enrollment projection goals as set forth in the Annual Enrollment Plan (A00N).			YES		
7	BAFO IV 61	Applications will be date stamped upon receipt.			NO	3	
m	c-4.b.(5).d	Applications: Process date must be within 10 days of lock box receipt date or within 48 hours of enrollment receipt date.			YES		
4	c-4.b.(4)a	Disenrollment confirmation letter and survey must be mailed within 48 hours of keyed date.			YES		
ro	c-4.b.(4)a	Disenrollment requiring approval must be reviewed by MTF Commander/Lead Agent.			ON	2	
ဖ	c-4.b.(5)	Retro Enrollment: Verify on every case that the effective date is not earlier than the 1st of the month the request is received.			ON	8	
7	c-4.b.(5)	Retro Enrollment: Log the request in the retro Enrollment Binder.			ON	က	
∞	BAFO IV 60	ID Cards/Enrollment material will be mailed within 10 days from the entered date.			YES	·	
တ	BAFO IV 60	ID Cards/Enrollment material mailed before the first day of the effective date.			YES		
10	c-4.b.(5)	Annual quality check: Retired/Active Duty Dependents will be disenrolled if payment or coupon is not received by the end of the 10 day grace period. Disenrollment will be effective on through date.	·		ON	8	·.
£	c-4.b.(5)	Quarterly quality check: will be disenrolled if payment is not received by the end of the grace period. Disenrollment will be effective at the end of the grace period.			YES		
12	Internal Goal	Notices Annual/Quarterly mailings are monitored for accuracy.			0	m	

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- B	ARE	Existing Management Metrics:			CRITICAL		
u t	Wost				PERF. IND.	DENIAL	
	REF#	TITLE	Soci	SOURCE	CANDIDATE	REASON.	EREO.
13	Internal Goal	Telephone reports are monitored for service level, talk-time and number of calls.			9	2	
7	Internal Goal	Changes request forms are monitored for accuracy and completeness (i.e. date stamps).			Q	6	
						4	
<del>5</del>	Internal Goal	form to Program Compliance by the agreed to date and time.			Ç	c	
PMR-HCIL		Health Care Information Line	Eileen Rodgers	FHFS - PMR	2		Quarterly
		Submit deliverables and the review and approval					
<b>~</b>	Internal Goal	form to Program Compliance by the agreed to date			<del></del>		
		and time.	•		2	8	
PMR-CP			John Pabich	FHFS - PMR			Quarterly
		Claims/Adjustment Claims Receipt and Control:					
<del>-</del>	0-5.b	/ Claims ICN & er					
		workdays.			2	က	
8	c-5.b	Claims/Adjustment Claims Receipt and Control: Retrieve claim within 15 Dave			Ç	,	
					2	פ	
m	c-5.b.(4)	Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all claims completed within 21 days (In-System).			YES		
4	c-5.b.(4)	Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all claims completed within 21 days (Out-of-System).	•		CZ	m	
မ	Tech Prop.Task VIII	Conduct Claims Audits. Pre-Payment Audits include: New Employee, Employee Specific, High Dollar Claims, and High Dollar Checkwrite. Perform Quarterly Quality Review Program Post Payment					
		Audits.			<u>Q</u>	က	

	\\\	TRICARE Southwest Performance Indicators	ance Indicators				
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) H	Д Д Д Д Д Д Д Д Д Д Д Д Д Д Д Д Д Д Д	Existing Management Metrics:			CRITICAL		
3	thwest				PERF. IND.	DENIAL	
	REF#	TILE	POC	SOURCE	CANDIDATE	REASON*	EREO.
		Claims and Adjustment Claims Inventory Level					
•	(4)	(over 30 calendar days from receipt) shall not					
9	(1)	exceed a 2.5 times the average daily net receipts					· ·
		for the month (In-System).			YES		
		Claims and Adjustment Claims Inventory Level		•			
	3	(over 30 calendar days from receipt) shall not			-		
	C-0.1.(1)	exceed a 2.5 times the average daily net receipts					
	-1	for the month (Out-of-System).			2	က	
		Claims and Adjustment Claims Inventory Level			-	:	
c	()	(over 60 calendar days from receipt) shall not					
0	C-0.1.(z)	exceed 0.6 times the average daily net receipts for					
		the month In-System).			YES		
		Claims and Adjustment Claims Inventory Level					
ć	(6)	(over 60 calendar days from receipt) shall not					
D	C-3.1.(z)	exceed 0.6 times the average daily net receipts for					-
		the month (Out-of-System).			ON O	က	
		Claims System Requirements for Processing &					
		Reporting: The contractor must maintain at least 15					
9	c-5.f	months of claims history from the previous					
		contractor; at least 27 months of combined/new					
		claims data.	-		2	က	
		The contractor shall retain copies of the beneficiary					-
7	0-5.f	history file, after purge from active file, for at least 6					
		years after the purge.			<u>Q</u>	3	
		Supplemental Health Care Program (SHCP): All					
		incoming SHCP claims will be stamped with an					
4	c-5.o.(3)	Internal Control Number within 3 workdays and are					,
		entered into the system within 5 workdays of	•		9	c	
		receipt or claim.			2	2	

## Appendix A

	VVV	TRICARE Southwest Performance Indicators	rmance Indicator	2			
$\parallel \parallel$	33						
T R C	ARE	Existing Management Metrics:			CRITICAL		
South	outhwest				PERF. IND.	DENIAL	
	REF#	TITE	Poc	SOURCE	CANDIDATE	REASON*	EREO.
		SHCP claims must be retrievable (within 10					
~	(3)	workdays of receipt of claim) by: Active Duty					
2	(5):5:5	Member's name/Sponsor's name, Social Security		·			
				-	2	m	
		Ninety-five percent (95%) of all SHCP claims and					
7	c-5.o.(3)	adjustments shall be priced to completion within 13					
		days of receipt of claim.		4	YES		
		One hundred percent (100%) of all SHCP claims					
15	c-5.o.(3)	and adjustments shall be priced to completion					
		within 27 workdays of receipt of claim.			YES		
		Callers, whose SHCP phone inquiries cannot be					
		completed within 2 workdays must be notified.			-		
16	c-5.o.(3)	Callers with outstanding inquiries also receive an	,				
	•						
		call receipt.			Q	er.	
!		Congressional written inquiries must be referred to					
12	c-5.o.(3)	the Service Project Officer within 72 hours of					
		identification as a SHCP claim.			9		
		File Maintenance: The Contractor shall file					
ζ.	(5,0 (5)	claims/adjustment claims with attached					
2	(2):4:00	documentation by ICN and contract number, within					
		5 work days after processing to completion.			C	ď	
		Electronic Media Claims (EMC) divided by total			2	>	
19	c-5.b.2	claims received (by Option Period) will be at least					
		twenty percent (20%) (for Option Period 3).			YES		
		OHI: The contractor will identify/pursue proper					
20	f-9	payment of OHI claims to avoid payment of benefit					
		dollars equal to or below twenty-two percent (22%)			ļ		
		(io option render b).			YES		

	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TRICARE Southwest Performance Indicators	rmance Indicators	8			
	1						
9 - 0	777	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	TLE	POC	SOURCE	CANDIDATE	REASON*	FREQ.
		Third Party Liability: Claims with diagnostic codes			-		
		800-999 will be automatically identified. DD Form					
27	c-5.m	2527 will be sent to the provider. If the form is not					
		returned in 35 days, the contractor shall deny the					
		claim.			ON	3	
		Claims and Adjustment Claims Processing					
ç	£40 a (4)	Accuracy: The absolute value of the payment					
77	1-10.0.1)	errors shall not exceed two percent (2%) of the					
		total billed charges.			ON	3	
		Claims and Adjustment Claims Processing					
ç	£ 40 c (2)	Accuracy: The HCSR Occurrence Error Rate shall				•	
3	I-10.a.(2)	not exceed three percent (3%) for all types of					
		HCSRs.			ON	3	
		Submit deliverables and the review and approval	·				
<b>5</b> 4	Internal Goal	form to Program Compliance by the agreed to date					
		and time.			Q	က	
PMR-PI		Program Integrity	Loretta Lotz	FHFS - PMR			Quarterly
1	Internal Goal	Program Integrity has a projected savings of			Ş	•	
		Fraud and Abuse Reports are to be published and				1	
7	C-6.c.(7)			•			
		within 45 days of the end of the calendar quarter.		:	9	7	
		Monthly Operational Reviews shall be provided to					
~	C.8f (4)/a\5	the Contracting Officer and Lead Agent within ten				-	
>	0(4)(4)	(10) calendar days following the end of each					
					2	၉	
		Program Integrity will have a fraud hotline in which					
4	ပ-မ <u>ှ</u> .၀	calls are logged and acknowledged within seven (7)			;		
		calendar days of receipt.	,		0	3	

	WA AMA	TRICARE Southwest Performance Indicators	ormance Indicator				
<b>)</b>	3						
T R C	ARE	Existing Management Metrics:			CRITICAL		
South	outhwest				PERF. IND.	DENIAL	
	REF#	TILE	Poc	SOURCE	CANDIDATE	REASON*	FREO.
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Program Integrity will refer all identified cases of					
D	(,)	raud/abuse over \$1,000 to the TMA Program					
		integrity Branch.			2	7	
		Program Integrity will participate in an information-					
		sharing system including state and federal case					
<b>6</b>	C-6.c(2)	coordination, Health Care Fraud Task Force					
		working groups and NHCAA to identify individuals	*				
		who are defrauding the TRICARE program.			2	က	
		Program Integrity will age use all endocotractors					
	····						
_	C-8.a(1), C-6						
		provisions as related to Program Integrity functions					
		by conducting annual assessments of activities.			Ç	ď	
		Program Integrity will maintain, review, and undate			2	2	
	3	intelligence/informational files regarding health care					
<b>x</b> 0	(£)	Droviders/beneficiaries associated with fraud/ahuse					
		Cractices on a monthly basis					
		The dedicated Frank Investigation 11:2 / First			0	က	
ć	(	THE DESIGNATION OF LAND WILL					
D	e S	gather direct evidence for the development of					
		criminal and civil action.			2	m	
		Program Integrity will ensure FHFS adherence to					
		internal security measures and controls to protect					
2	C-6.c(6)	against fraudulent activities or embezzlement by					
		potentially dishonest employees by annually					
		assessing activities.			2	m	
		Submit deliverables and the review and approval					
<del>-</del>	Internal Goal	form to Program Compliance by the agreed to date				•	
		and time.			2	ო	
PMR-FM		Fiscal Management and Controls	Jan Florence/John P FHFS - PMR	FHFS - PMR			Ouarterly
							7

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TRICARE Southwest Performance Indicators	mance Indicator				
	1						
T B C	7 4 4	Existing Management Metrics:			CRITICAL		
u t h	West				PERF. IND.	DENIAL	
	REF#	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREQ.
		Financial Reporting Requirements: Current Assets					
<b></b>	H. 9. b.	to Current Liabilities must be equal to or greater					
		than 1.00:1.			2	က	
		Submit deliverables and the review and approval					
7	Internal Goal	form to Program Compliance by the agreed to date	,				
		and time.			2	က	
		Directly, or through either manual or automated					
	,	offset procedures, as specified in Operations					
က	C-7.a.(2)	Manual; recouping monies owed by providers,					
	,	beneficiaries, or parents/guardians of minor or					
		incompetent beneficiaries.		***	2	က	
		Check Release Timeliness Statistics: All benefit					
~	7 7	checks, CEOBs and Summary Vouchers must be					
•	<u>:</u> د	mailed no later than two (2) workdays following the					
		issue date.			9	က	
		For all paid claims, the check number, issue date,					
¥	(0) (1) (2)	payee name and ICN must be available within one					
o	(2).(1).6.	(1) workday of the date the check was written and					
		retrievable within one (1) workday of an inquiry.			<u>Q</u>	ო	
9	C-7.f.(4)	naving HCSRs failing the edit system shall be					,
				•	Q Z	က	
		Claims Processing shall meet ninety percent (90%)					
7	C-7.g.(2)						
:	` , )	adjustment/cancellations) passing through the			C	c	
					2	1	

	<b>VVV</b>	TRICARE Southwest Performance Indicators	formance Indicators				
$\left\  \right\ $							
TRIC	ARE	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	TITLE	POC	SOURCE		REASON*	EREO.
60	C-7.g.(3)	Ninety percent (90%) of all vouchers/batches must be accepted by the HCSR edit system within (3) resubmissions (excluding batch header rejects).			Ç	er.	
6	C-7.g.(4)	One hundred percent (100%) of all vouchers/batches must be accepted by the HCSR edit system within (5) resubmissions (excluded batch header rejects).			g c	) м	
PMR-PC			Randy Kirchner	FHFS - PMR			Quarterly
-	Task VIII						
	6.1.7, p.258	Anairs to help identify potential report issues that the users of this information may have.			2	m	
. 64	Task VIII,	FHFS will conduct semi-annual on-site performance reviews at each subcontractor to				)	
	o. 1.4, p165	ennance communication, evaluate performance and resolve problems.			Q.	ю	
က	Internal Goal	BAFO, Task VIII, Sec 8.1.4—Program Compliance shall submit and/or complete deliverable items. Internal Goal: 96%			2		
PMR-CI		liries	Chuck George	FHFS - PMR	2		Quarterly
-	c-9.f	Incoming Congressional Inquiries must be date stamped within 3 days of receipt.			Q	er.	
8	c-9.f	Responses to Congressional Inquiries must be eighty-five percent (85%) complete within 10 calendar days.			C	· · ·	
က	c-9.f	Responses to Congressional Inquiries must be one hundred percent (100%) complete within 30 calendar days.			Š	)	
		carolida days.		·	YES		

	VVV	TRICARE Southwest Performance Indicators	formance Indicators				
<b>()</b> (							
1 H C	7 11 11 1	Existing Management Metrics:			CRITICAL		
u t h	West				PERF. IND.	DENIAL	
	REF#	ITLE	S S S S S S S S S S S S S S S S S S S	SOURCE	CANDIDATE	REASON*	FREQ.
		Submit deliverables and the review and approval					
4	Internal Goal	form to Program Compliance by the agreed to date					
		and time.	,		9	ო	
PMR-TFT		Toll-Free Telephone	John Pabich FF	FHFS - PMR			Quarterly
1	c-9.f.(2).(d).1	The Toll-Free telephone busy signal rate shall never exceed 20%			YES	-	
		Eighty percent (80%) of all calls shall be					
7	c-9.f.(2).(b).1	acknowledged within twenty (20) seconds by an			,		
		individual or electronic device.	-		YES		
		Ninety percent (90%) of all calls must be handled					
•	0 (4) (2) (4) 2	by a telephone representative or automated					
?	C-5.1.(2).(0).2	response unit (ARU) within 120 seconds after					
		acknowledgment.			YES		
		Delayed callers will hear a message informing the			٠		
4	c-9.f.(2).(b).2	caller of the delay and advise the caller regarding				-	
		information needed to answer common questions.			2	က္	•.
		Eighty percent (80%) of calls must be handled to					
Ľ	C-0 f (2) (h) 2	completion during the initial call (calls are complete					
·	2.(2).(2)	when the caller has all of the information needed					
		regarding their situation).			YES		
œ	C-9 f (2) (h) 2	Incomplete callers must receive return calls within					
•		2 working days.	,		YES		
		Ninety-five percent (95%) of all calls that were not					
_	c-9.f.(2).(b).3	handled to completion during the initial call must be					
		completed within 10 calendar days.			YES		
Q	0.0 (1/2) (14) 3	One hundred percent (100%) of all calls must be					
>	0-9:1:(2):(3):3	resolved within 20 calendar days.			YES		

	VVV	TRICARE Southwest Performance Indicators	formance indicate	200			
))	N						
T R I C	ARE	Existing Management Metrics:			CRITICAL		
South					PERF. IND.	DENIAL	
	REF#	TITLE	<b>20</b> 0	SOURCE	CANDIDATE	REASON*	FREO.
		Each telephone representative must be monitored					
		monthly for accuracy, responsiveness, clarity and					
တ	c-9.f.(2).(b)	tone. The monitored sample size shall be the					
		greater of 3% of the average daily calls or 10					
		calls/day.			Q	(1)	
		Submit deliverables and the review and approval					
9	Internal Goal	form to Program Compliance by the agreed to date		,			
		and time.			Ş	6	
PMR-C		Correspondence	John Pabich	FHFS - PMR		Ī	Oughterly
		Routine Written Correspondence: All routine written					
-	c-9.f	inquiries shall be stamped with the actual date of					
		receipt within 3 workdays of receipt.			Ş	(*	
		Routine Written Correspondence: Final responses				>	
c	•	to eighty-five percent (85%) of all Routine Written					
4	- -		,				
		receipt.			OZ	c,	
		Routine Written Correspondence: Final responses					
64	, O f	to ninety-seven percent (97%) of all Routine					
•	5	Written Inquiries will be provided within 30 calendar					
		days of receipt.			2	က	
		Routine Written Correspondence: Final responses					
4	160	to one hundred percent (100%) of all Routine					
•	<u> </u>	Written Inquiries will be provided within 45 calendar					
		days of receipt.			9	m	•
		Priority Inquiries: Inquiries shall be stamped with					
<b>1</b> 0	c-9.f	the actual date of receipt within 3 workdays of					
		receipt.			9	က	
ဖ	0-9.f	Priority Inquiries: Final responses to eighty-five percent (85%) of Inquiries will be provided within 10					
		calendar days of receipt.			Q	(*)	
				1	Ţ.,;;	,	

	VV	TRICARE Southwest Performance Indicators	formance Indicators				
$\parallel \parallel$	3						
H B C	ARE	Existing Management Metrics:			CRITICAL		
Southwest	West				PERF. IND.	DENIAL	
	REF#	TITLE	POC	SOURCE	CANDIDATE	REASON*	EREQ.
7	c-9.f	Priority Inquiries: Final responses to one hundred percent (100%) of inquiries will be provided within 30 calendar days of receipt.			O	ო	
ω	c-8.h	Supervisor shall review at least 1% of all appeals & correspondence to insure the correspondence is accurate, responsive, clear, timely and that its tone conveys concern and a desire to be of service.			Q	<b>м</b>	
6	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			Q.	က	
PMR-A		Appeals	Cathleen Fischbach	FHFS - PMR			Quarterly
<b>.</b>	c-9.h	Appeals Inquiries: date stamp all written appeal requests and attached documents within 3 workdays of receipt.		·	Q	ო	
7	c-9.h	Process ninety-five percent (95%) of reconsiderations to completion within 60 calendar days from receipt of the date the determination is mailed.			Q	ო	
က	c-9.h	Process one hundred percent (100%) of reconsiderations to completion within 90 calendar days.			Q N	က	
4	c-9.h	Provide written response by the 30th calendar day after receipt for all reconsiderations not processed to completion advising the appealing party that the reconsideration determination will be made within 60 days.			YES		

	VVV	TRICARE Southwest Performance Indicators	formance Indicate	820			
	3						
- H - C	ARE	Existing Management Metrics:			CRITICAL		
	outhwest				PERF. IND.	DENIAL	
	REF#	TILE	Soci	SOURCE	CANDIDATE	REASON*	FREO.
		Reprocess all determinations reversed by the					┸
		appeal process within 21 calendar days from the					
10	c-9.h	date of receipt of the action notice from TMA or the			•		
		date of the Contractor's appeal determination					
		notice.			0	m	
		Send to TMA a legible copy of the entire contents					
4	400						
•		determination within 5 work days of receipt of the					
		telephoned request from TMA.		•	9	2	_
		Ensure that ninety percent (90%) of					
		reconsideration cases received at TMA as a formal					
_	c-9.g	TMA review cases (or provider sanction initial					
		determinations) have been processed and					
		documented accurately.			2	က	
		Ensure that ninety percent (90%) of					
		reconsideration cases have been processed					
∞	ර- <del>9</del> .g	accurately and that the processing is consistent					
		with the Operations Manual requirements and the					
		documentation in the case file.			2	က	
		One Hundred Percent (100%) of requests for					
•	OPM-1. Chap						
<b>D</b>	1 Sec F 1						
	:	working days of receipt of the reconsideration					•
		request.			YES		
,		Submit deliverables and the review and approval					
10	Internal Goal	form to Program Compliance by the agreed to date					
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		and time.			9	က	
PMR-IT			Gary Wright	FHFS - PMR			Quarterly
<del>-</del>	Tech Prop	Computer hardware must be available at least			2	,	,
					2	יי	

	VVV	TRICARE Southwest Performance Indicators	mance Indicator	ø			
TBCA	A R A	Existing Management Metrics:			CRITICAL		
اد .	Wost				PERF. IND.	DENIAL	
	REF#	IIILE	201	SOURCE	CANDIDATE	REASON*	FREO.
6	Tech Prop	Computer terminal network must be available					
7	10.IX.22	98.5% of the time.			2	ო	
	Post	The data required to restore CHAMPUS ADP at a					
ო	Rehearsal	backup facility is backed up daily and stored off-site					
	Report	in a vault to ensure the safety of the data.			2	က	
	IS Report &	Information security staff review and verify all					
4	Procedure	computer access requests for the proper level of					
	Manual	access and signature authority.		***	2	m	
S	IS Report &	Information security staff disable accounts upon	-				
,	Manual	termination of employees.			2	<i>"</i>	•
	IS Report &	Computer room access is reviewed by the Data					
œ	Procedure	Center Manager and access is granted based on					
)	Manual	the need to support the computer center				•	
		operations.			9	ന	
		Submit deliverables and the review and approval					
	Internal Goal	form to Program Compliance by the agreed to date					
	-	and time.			9	ო	
* Reasons	for denying cal	* Reasons for denying candidacy as critical performance indicator:					
1. Notas	pecific metric (	1. Not a specific metric (e.g. a narrative report)					
2. An MTF	FHFS, HCF	2. An MTF, FHFS, HCFA, or external organization-specific metric					
3. Notarr	netric for execu	Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance)	or purely contract	of compliance)			
			or parent with	ייים וייים זיים זיי			_

Appendix B
TRICARE Northwest
Existing Metrics

		RICARE Northwest Performance indicators	INICANUS &			
	Existing Management Metrics:			CRITICAL		
NORTHWEST				PERF. IND.	DENIAL	
REF#	TITLE	DOG	SOURCE	CANDIDATE	REASON*	EREO.
B1-1	Actual vs Projected Revenues - Regionally	LT Toland	Internal	YES		Quarterly
B1-2	Actual vs Projected Revenues - MTF Level	LT Toland	Internal	YES		Quarterly
B1-3	(Actual vs Projected Revenues) vs Other Regions	LT Toland	Internal	YES		Quarterly
B2-1	MTF Care Purchased Out of Region	LT Toland	Internal	YES		Quarterly
B2-2	% of External Care Delivered to Non-enrollees	LT Toland	Internal	YES		Quarterly
B2-3	Measurements for the Quality of Referrals*	COL Brammer	Internal	9	Not Dev.	Quarterly
B3-1	% of PC Acute Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
B3-1	% of PC Routine Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
B3-1	% of PC Well Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
B3-2	% of Specialty Appts Meeting Prime Access Std*	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
	MTF-Enrolled Prime Pts' Usage of ER Visits (or					
B4-1	Equiv) During Normal Clinic Hrs	LT Toland	CHCS Ad Hoc (com	YES		Quarterly
B4-2	Patient Satisfaction Regarding Appt Access	LT Toland	DoD (HA) Pt Sat Sur	YES		Quarterly
	Patient Satisfaction of Referrals of MTFs Prime	-				
B4-3	Benes to Civilian Network*	LT Toland	Internal	YES		Quarterly
B4-4	HEAR data vs Beneficiary Utilization data	LT Toland	HEAR & Trendstar	YES		Quarterly
	Prime Disengagements from MTF due to failure to				-	
B5-1	meet access stds	LT Toland	HCF report for out of	YES		Quarterly
	MTF Prime Enrollment vs Civilian Network					
B5-2	Enrollment	LT Toland	FHFS	YES		Quarterly
	Qtrly Report of Cost Reduction Trends in Catchment					
B5-3	Areas*	LT Toland	Internal	ON O	-	Quarterly
B6-1	CEIS Utilization Rates	LT Toland	CEIS	ON	2	Quarterly
B6-2	CEIS Reports Accessed	LT Toland	CEIS	ON	2	Quarterly
	Comparison of FY98 & 99 Avg Capitation Eligibiles				, -:	
B10-1	Population (by catchment area)	LT Toland	MCFAS	YES		Quarterly
B10-2 RR2	B10-2 RR2 Projected vs Actual Enrollment	LT Toland	FHFS	YES		Quarterly
B10-3	Enrollment Administrative Processing	LT Toland	Internal Enrollment	•		Quarterly
B10-4	MTF PCM Capacity % Levels	LT Toland	TRICARE Status Re	YES		Quarterly

		TRICARE Northy	RICARE Northwest Performance Indicators	indicators			
TRI	TRICARE	Existing Management Metrics:			CRITICAL		
NON	HWE				PERF. IND.	DENIAL	
	REF#	TITLE	201	SOURCE	CANDIDATE	REASON*	FREO.
	B10-5	Reason for TRICARE Enrollment Call	Lori Melton	Internal	YES		Quarterly
_	B10-6a	Disenrollment by Patient Category	LT Toland	Internal	YES		Quarterly
	B10-6b	Reason for Disenrollment	LT Toland	Internal	YES		Quarterly
	B10-6c	Disenrollment Survey Statistics	LT Toland	Internal	YES		Quarterly
	B10-7	Network Adequacy	LT Toland	FHFS - RR20 Report	YES		Quarterly
	B10-8	Utilization of TRICARE Regional Appt Center	LT Toland	Internal	2	2	Quarterly
_	B10-9a	TRICARE Service Center Walk-ins	Alice Acker	Monthly TSC Report	YES		Quarterly
-	B10-9b		Alice Acker	Monthly TSC Report	YES		Quarterly
60	B10-10a	TRICARE Service Center Calls Answered	Alice Acker	Monthly TSC Report	YES		Quarteriv
60	B10-10b	Reasons for TSC Calls	Alice Acker	Monthly TSC Report	YES		Quarterly
60	10-11a	B10-11a HCIL - Total Call Distribution by Services Utilized	LT Toland	HCIL Report -AH (	YES		Quarterly
8	110-116	B10-11b HCIL - Entered Records By Catchment Area	LT Toland	HCIL Report	9	8	Quarterly
<b>40</b>	10-11c	B10-11c HCIL - Nurse Handled Call Types	LT Toland	HCIL Report -AH (	8		Quarterly
<b>B</b>	10-11d	B10-11d HCIL - Self-Reported Redirection	LT Toland	HCIL Report	9		Quarterly
<b>B</b>	B10-12a	UM - HCF Activity: Med/Surg Non-Network Reason	LT Toland	Health Care Finder	YES		Quarterly
<b>B</b>	B10-12b	UM - HCF Activity: Case Outcome by Site	LT Toland	Health Care Finder	YES		Quarterly
<b>"</b>	B10-13	QM - Grievances Processed in (60) Days	LT Toland	On-going Daily Griev	YES		Quarterly
<b>"</b>	B10-14	HEAR Surveys Processed	Kim Lewis	HEAR Survey	9	8	Quarterly
ш	B10-15		LT Toland	Monthly Cycle Time	YES		Quarterly
<b>"</b>	B10-16	GSU Claims Processed in 21 Days (In-System)	LT Toland	GSU Monthly Cycle	YES		Quarterly
8		GSU Denied Claims	Pam Bohall	Internal Report	YES		Quarterly
8		GSU Denied Claims - Top 5 Denial Codes	Pam Bohall	Internal Report	YES		Quarterly
<b>6</b>	B10-17c	GSU ADFM Denied Claims	Pam Bohall	Internal Report	9	8	Quarterly
8	10-17d	B10-17d GSU ADFM Denied Claims - Top 5 Denial Codes	Pam Bohall	Internal Report	QN ON	3	Quarterly
<b>1</b>	B10-18		LT Toland	Monthly Workload R	YES		Quarterly
<b>B</b>	10-19a	B10-19a Integrated Pharmaceutical Services - Claim Cost	Ray Nan Berry	PS	YES		Quarterly
8	10-19b	B10-19b IPS - 30 Day vs. 31 Day or Greater Supply Trend	Ray Nan Berry	IPS	YES		Quarterly
8	B10-19c	IPS - Generic Drug Utilization Summary	Ray Nan Berry	IPS	YES		Quarterly
<b>a</b>	B10-19d		Ray Nan Berry	IPS	YES		Quarterly
		Resource Sharing - Estimated Target Expenses vs					
B	B10-20a	Actual Expenses (Aggregate & by MTF)	LT Toland	Internal Resource S	YES		Quarterly

4	AAA	TRICARE Northw	<b>FRICARE Northwest Performance Indicators</b>	icators			
II)							
α  -	RICARE	Existing Management Metrics:			CRITICAL		
OZ	NORTHWES				PERF. IND.	DENIAL	
	REF#	IIILE	Poc	SOURCE	CANDIDATE REASON*		FREQ.
	ē	Resource Sharing - Estimated Target Savings vs					
	B10-20b	B10-20b Actual Savings (Aggregate & by MTF)	LT Toland	Internal Resource S	YES		Quarterly
	B10-20c	B10-20c Resource Sharing - MTF Agreement Status	LT Toland	Internal Resource S	YES		Quarterly
* Rea	sons for de	* Reasons for denying candidacy as critical performance indicator:					
Ž	ot a specific	1. Not a specific metric (e.g. a narrative report)					
2. A	n MTF, FHF	2. An MTF, FHFS, HCFA, or external organization-specific metric					
Э.	ot a metric	3. Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance	the weeds" or purely	contract compliance)			

Appendix C
PacifiCare of Texas
Existing Metrics

1	7						
7	Pacificare.						
of Three	•	Existing Management Metrics:			CRITICAL		
	•				PERF. IND.	DENIAL	
	REF#	IIIE	POC (not the OPR)	SOURCE	CANDIDATE	REASON*	FREQ.
	C1-1	Medical Loss Ratio	Troy McGilyra	Internal	S	2	Monthly
	C1-2	Administrative Cost Ratio	Troy McGilvra	Internal	02	2	Monthly
	C1-3	Overall Loss Ratio (the two above combined)	Troy McGilvra	Internal	2	2	Monthly
	412	Operating Profit Margin	Troy McGilvra	Internal	ON N	2	Monthly
	C1-5	Net Income	Troy McGilvra	Internal	2	2	Monthly
	C1-6	Total Membership	Troy McGilvra	Internal	YES		Monthly
	C1-7	Commercial product membership	Troy McGilvra	Internal	9	2	Monthly
		Medicare product membership (group retiree and					
	C1-8	individual)	Troy McGilvra	Internal	<u>Q</u>	8	Monthly
	C1-9	Disenrollment rate	Troy McGilvra	Internal	YES		Monthly
	C1-10	Commercial product	Troy McGilvra	Internal	2	2	Monthly
	C1-11	Medicare product	Troy McGilvra	Internal	9	2	Monthly
	C1-12	Average Age	Troy McGilvra	Internal	YES		Monthly
	C1-13	Commercial product	Troy McGilvra	Internal	2	2	Monthly
	C1-14	Medicare product	Troy McGilvra	Internal	S S	2	Monthly
		Providers (by product)	-				
	C1-18	PCPs Family/General Practice	Troy McGilvra	Internal	2	က	Monthly
	C1-17	PCPs Internal Medicine	Troy McGilvra	Internal	2	က	Monthly
	C1-18	PCPs Pediatrics	Troy McGilvra	Internal	2	က	Monthly
	C1-19	PCPs Geriatrics	Troy McGilvra	Internal	2	က	Monthly
	C1-20	PCP Total	Troy McGilvra	Internal	YES		Monthly
	C1-21	% PCP Board Certified	Troy McGilvra	Internal	9	က	Monthly
	C1-22	% PCP open panel	Troy McGilvra	Internal	Q Q	2	Monthly
	C1-23	% PCP closed panel	Troy McGilvra	Internal	2	2	Monthly
	C1-24	% PCP established	Troy McGilvra	Internal	2	2	Monthly
	C1-25	PCP Turnover rate	Troy McGilvra	Internal	9	2	Monthly
	C1-26	PCP to member ratio	Troy McGilvra	Internal	YES		Monthly
	C1-27	Specialists - Total	Troy McGilvra	Internal	YES		Monthly
	C1-28	Specialists – Board Certified	Troy McGilvra	Internal	2	က	Monthly
	C1-29	Hospitals - Total	Trov McGilvra	Internal	YES		Monthix

		mance indicators				
Existing Management Metrics:   REF # Interest						
SEE #   Pharmacles	Existing Management Metrics:			CRITICAL		
Pharmacles Total Generic Fili rate (by product) Utilization (by product) Admissions per thousand ALOS C-section rate PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Financial accuracy of claims Procedural accuracy of claims Procedu				PERF. IND.	DENIAL	
Pharmacies  Total Generic Fili rate (by product) Utilization (by product) Admissions per thousand ALOS C-section rate PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Commercial voluntary transfer rate Senior % growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration		POC (not the OPR)	SOURCE	CANDIDATE	REASON*	FREO.
Total  Generic Fili rate (by product)  Utilization (by product)  Admissions per thousand  ALOS  C-section rate  PCP encounters PMPY  Specialists encounters PMPY  Regional Customer service center  % calls answered in 30sec  Average speed of answer  Abandonment rate  % clean claims processed in 30 days  Financial accuracy of claims  Payment accuracy of claims  Procedural accuracy of claims  Procedural accuracy of claims  Payment accuracy of claims  Procedural accuracy of claims  Payment accuracy of claims  Commercial accuracy of claims  Ped days PTMPY (per thousand members per year)  Membership growth  1-year commercial retention  Commercial voluntary transfer rate  Senior % growth  1-year commercial retention  Commercial voluntary transfer rate  Senior % growth  1-year senior retention  Senior voluntary disenrollements	macies					
Generic Fill rate (by product)  Utilization (by product)  Admissions per thousand  ALOS  C-section rate  PCP encounters PMPY Regional Customer service center % calls answered in 30sec  Average speed of answer  Abandonment rate % calls answered in 30sec  Average speed of answer  Abandonment rate % clean claims processed in 30 days Financial accuracy of claims  Procedural accuracy of claims  Procedural accuracy of claims  Procedural accuracy of claims  Wembership growth and retention  Commercial % growth  1-year commercial retention  Commercial voluntary transfer rate Senior % growth  90-day senior retention  1 year senior retention  Senior voluntary disenrollements  Market penetration	otal	Troy McGilvra	Internal	YES		Monthly
Utilization (by product) Admissions per thousand Bays per thousand ALOS C-section rate PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Commercial % growth 1-year commercial retention Commercial % growth 30-day senior retention 1 year senior retention Senior % growth Senior voluntary transfer rate Senior voluntary disenrollements Market penetration Senior voluntary disenrollements	eneric Fill rate (by product)	Troy McGilvra	Internal	YES		Monthly
Admissions per thousand Days per thousand ALOS C-section rate PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Commercial woluntary transfer rate Senior % growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 1 year senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	ation (by product)					
ALOS  C-section rate PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural a	dmissions per thousand	Troy McGilvra	Internal	YES		Monthly
ALOS  C-section rate PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Bed days PTMPY (per thousand members per year) Membership growth and retention Commercial % growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 1 year senior retention 1 year senior retention Senior woluntary disenrollements Market penetration	ays per thousand	Troy McGilvra	Internal	YES		Monthly
C-section rate PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Payment accuracy of claims Procedural accuracy o	S01	Troy McGilvra	Internal	YES		Monthly
PCP encounters PMPY Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Pro	-section rate	Troy McGilvra	Internal	ON ON	2	Monthly
Specialists encounters PMPY Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Commercial yer thousand members per year) Membership growth and retention Commercial % growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	CP encounters PMPY	Troy McGilvra	Internal	YES		Monthly
Regional Customer service center % calls answered in 30sec Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Payment accuracy of claims Procedural accuracy of claims Bed days PTMPY (per thousand members per year) Membership growth and retention Commercial woluntary transfer rate Senior Reprosented to the service retention 1 year senior retention Senior voluntary disenrollements Market penetration	pecialists encounters PMPY	Troy McGilvra	Internal	YES		Monthly
**Calls answered in 30sec  Average speed of answer  Abandonment rate  **Clean claims processed in 30 days  Financial accuracy of claims  Payment accuracy of claims  Procedural accuracy of claims  Bed days PTMPY (per thousand members per year)  Membership growth  1-year commercial retention  Commercial voluntary transfer rate  Senior **Senior retention**  Senior voluntary disenrollements  Market penetration  Senior voluntary disenrollements	onal Customer service center					
Average speed of answer Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Procedural accuracy of claims Bed days PTMPY (per thousand members per year) Membership growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	calls answered in 30sec	Troy McGilvra	Internal	2	C2-40	Monthly
Abandonment rate % clean claims processed in 30 days Financial accuracy of claims Payment accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Wellization Management (for each product) Bed days PTMPY (per thousand members per year) Membership growth and retention Commercial % growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	/erage speed of answer	Troy McGilvra	Internal	2	C2-39	Monthly
% clean claims processed in 30 days Financial accuracy of claims Payment accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Utilization Management (for each product) Bed days PTMPY (per thousand members per year) Membership growth and retention Commercial worth 1-year commercial retention Commercial voluntary transfer rate Senior Repeat senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	pandonment rate	Troy McGilvra	Internal	2	C2-41	Monthly
Financial accuracy of claims Payment accuracy of claims Procedural accuracy of claims Procedural accuracy of claims Utilization Management (for each product) Bed days PTMPY (per thousand members per year) Membership growth and retention Commercial woluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	clean claims processed in 30 days	Troy McGilvra	Internal	YES		Monthly
Payment accuracy of claims Procedural accuracy of claims Utilization Management (for each product) Bed days PTMPY (per thousand members per year) Membership growth and retention Commercial % growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	nancial accuracy of claims	Troy McGilvra	Internal	YES		Monthly
Procedural accuracy of claims  Utilization Management (for each product) Bed days PTMPY (per thousand members per year) Membership growth and retention Commercial % growth 1-year commercial retention Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	syment accuracy of claims	Troy McGilvra	Internal	YES		Monthly
Utilization Management (for each product)  Bed days PTMPY (per thousand members per year)  Membership growth and retention  Commercial woluntary transfer rate  Senior % growth  1 year senior retention  Senior retention  Senior voluntary disenrollements  Market penetration	ocedural accuracy of claims	Troy McGilvra	Internal	YES		Monthly
Utilization Management (for each product)  Bed days PTMPY (per thousand members per year)  Membership growth and retention  Commercial % growth  1-year commercial retention  Commercial voluntary transfer rate  Senior % growth  90-day senior retention  1 year senior retention  Senior voluntary disenrollements  Market penetration						
Bed days PTMPY (per thousand members per year)  Membership growth and retention  Commercial % growth  1-year commercial retention  Commercial voluntary transfer rate  Senior % growth  90-day senior retention  1 year senior retention  Senior voluntary disenrollements  Market penetration						
Membership growth and retention  Commercial % growth  1-year commercial retention  Commercial voluntary transfer rate  Senior % growth  90-day senior retention  1 year senior retention  Senior voluntary disenrollements  Market penetration		Troy McGilvra	Internal	YES		Quarterly
Commercial % growth  1-year commercial retention  Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration						
1-year commercial retention  Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	ommercial % growth	Troy McGilvra	Internal	YES		Quarterly
Commercial voluntary transfer rate Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	year commercial retention	Troy McGilvra	Internal	YES		Quarterly
Senior % growth 90-day senior retention 1 year senior retention Senior voluntary disenrollements Market penetration	ntary transfer	Troy McGilvra	Internal	YES		Quarterly
90-day senior retention  1 year senior retention Senior voluntary disenrollements Market penetration	nior % growth	Troy McGilvra	Internal	9	2	Quarterly
1 year senior retention Senior voluntary disenrollements Market penetration	-day senior retention	Troy McGilvra	Internal	ON ON	2	Quarterly
Senior voluntary disenrollements Market penetration	/ear senior retention	Troy McGilvra	Internal	Q.	2	Quarterly
Market penetration	senrollemen	Troy McGilvra	Internal	9	2	Quarterly
	arket penetration	Troy McGilvra	Internal	YES		Quarterly
Satisfaction (for each product)	action (for each product)					

Existing Management Metrics:  Commercial Member satisfaction with plan Troy McGilvra Trimeliness of preventive care appointments in 42 Troy McGilvra Timeliness of routine primary care appointments within 7 Troy McGilvra Timeliness of routine primary care appointments within 7 Troy McGilvra Timeliness of routine primary care appointments within 7 Trimeliness of routine primary care appointments within 7 Trimeliness of routine primary care appointments within 24 hours Timeliness of routine primary care appointments within 24 hours Timeliness of emergency care (immediately) Trimeliness of emergency care (immediately) Trimeliness of complaints PTMPY Troy McGilvra Troy McGilvra Complaints PTMPY Troy McGilvra Troy McGilvra Troy McGilvra Troy McGilvra Troy McGilvra Troy McGilvra Internal Access related complaints PTMPY Troy McGilvra Troy McGilvra Troy McGilvra Internal Appeals PTMPY Troy McGilvra Internal			PacifiCare of Texas Performance Indicators	nance Indicators				
Existing Management Metrics:    Existing Management Metrics:   Existing Management Metrics:	Pact	_care_						
TITLE   DOC (not the OPR)   SOURCE			Existing Management Metrics:			CRITICAL		
TITLE  Commercial Member satisfaction with plan  Accessibility  Timeliness of preventive care appointments in 42  Timeliness of preventive care appointments within 7  Troy McGilvra  Timeliness of urgent care appointments within 7  Troy McGilvra  Timeliness of urgent care appointments within 24 hours  Timeliness of emergency care (immediately)  Timeliness of emergency care (immediately)  Timeliness of emergency care (immediately)  Troy McGilvra  Access to after hours care (24hrs/7days a week/385 days  Year)  Complaints (each product)  Complaints (each product)  Complaints (each product)  Complaints PTMPY  Access related complaints PTMPY  Troy McGilvra  Troy McGilvra  Internal  Access related complaints PTMPY  Troy McGilvra  Troy McGilvra  Internal  Access related complaints PTMPY  Troy McGilvra  Troy McGilvra  Internal  Access related to Quality Council  # Appeals and Grievances (each product)  Troy McGilvra  Troy McGilvra  Internal  Appeals and Grievances (each product)  Troy McGilvra  Troy McGilvra  Internal  # Appeals PTMPY  Troy McGilvra  Internal  # Appeals and Grievances (each product)  Troy McGilvra  Troy McGilvra  Internal  # Appeals and Grievances (each product)  Troy McGilvra  Internal  # Appeals and Grievances (each product)  Troy McGilvra  Internal  # Appeals PTMPY  Troy McGilvra  Internal  # Appeals PTMPY  Troy McGilvra  Internal  # Appeals and Grievances (each product)  Troy McGilvra  Internal  # Appeals PTMPY  Troy McGil		1				PERF. IND.	DENIAL	
Commercial Member satisfaction with plan Commercial Member satisfaction with practitioner Commercial Member satisfaction with Medical Group Frovider Satisfaction with practitioner Accessibility Timeliness of preventive care appointments in 42 Timeliness of routine primary care appointments within 7 Timeliness of routine primary care appointments within 7 Timeliness of routine primary care appointments within 24 hours Timeliness of urgent care appointments within 24 hours Timeliness of urgent care appointments within 24 hours Timeliness of energency care (immediately) Troy McGilvra Timeliness of energency care (immediately) Troy McGilvra Troy McGilvra Troy McGilvra Internal Access to after hours care (24hrs/7days a week/365 days year) Complaints PTMPY Complaints PTMPY Troy McGilvra Troy McGilvra Internal Case Findings # pending # pending # popeals received virthin 30 days # pending # of Quality of Care Issues received VTD PTMPY Troy McGilvra # Appeals and Gilevances (each product) Troy McGilvra # Appeals # Troy McGilvra # Appeals # Troy McGilvra # Appeals # A	-	REF#		POC (not the OPR)	SOURCE	CANDIDATE	REASON*	FREO.
Commercial Member satisfaction with Medical Group   Troy McGilvra   Internal   Provider Satisfaction with practitioner   Troy McGilvra   Internal   Troy McGilvra   Internal   Troy McGilvra   Internal   Timeliness of preventive care appointments within 7   Troy McGilvra   Internal   Timeliness of routine primary care appointments within 24 hours   Troy McGilvra   Internal   Timeliness of emergency care (immediately)   Troy McGilvra   Internal   Timeliness of emergency care (immediately)   Troy McGilvra   Internal   Timeliness of emergency care (immediately)   Troy McGilvra   Internal   Access to after hours care (24hrs/7days a week/365 days   Troy McGilvra   Internal   Complaints PTMPY   Troy McGilvra   Internal   Access related complaints PTMPY   Troy McGilvra   Internal   Troy McGilvra   Internal   Access related complaints PTMPY   Troy McGilvra   Internal   Troy McGilvra   Internal   # of Quality of Care Issues received YTD PTMPY   Troy McGilvra   Internal   # Appeals and Grievances (each product)   Troy McGilvra   Internal   # Appeals and Grievances (each product)   Troy McGilvra   Internal   # Appeals and Grievances (each product)   Troy McGilvra   Internal   Troy McGilvra   Internal   # Appeals and Grievances (each product)   Troy McGilvra   Internal   Troy McGilvra   Internal   # Appeals and Grievances (each product)   Troy McGilvra   Internal   Troy McGilvra   Internal   # Appeals and Grievances (each product)   Troy McGilvra   Internal   Troy McGilvra   Internal   # Appeals   Troy McGilvra   Internal   Troy McGilvra   Internal   # Appeals   Troy McGilvra   Internal   Troy McGil		C2-13	Commercial Member satisfaction with plan	Troy McGilvra	Internal	YES		Quarterly
Provider Satisfaction with practitioner   Troy McGilvra   Internal		C2-14	Commercial Member satisfaction with Medical Group	Troy McGilvra	Internal	YES		Quarterly
Provider Satisfaction         Troy McGilvra         Internal           Accessibility         Timeliness of preventive care appointments in 42         Troy McGilvra         Internal           Timeliness of routine primary care appointments within 7 days         Troy McGilvra         Internal           Timeliness of urgent care appointments within 24 hours         Troy McGilvra         Internal           Timeliness of urgent care appointments within 24 hours         Troy McGilvra         Internal           Timeliness of urgent care appointments within 24 hours         Troy McGilvra         Internal           Timeliness of urgent care appointments within 24 hours         Troy McGilvra         Internal           Access to after hours care (24hrs/7days a week/365 days         Troy McGilvra         Internal           Complaints PTMPY         Troy McGilvra         Internal           Access related complaints PTMPY         Troy McGilvra         Internal           Case Findings         # of Quality of Care Issues received YTD PTMPY         Troy McGilvra         Internal           # of Quality of Care Issues received YTD PTMPY         Troy McGilvra         Internal           # Appeals PTMPY         Troy McGilvra         Internal           Appeals PTMPY         Troy McGilvra         Internal           Appeals PTMPY         Troy McGilvra         Internal		C2-15	Member satisfaction with practitioner	Troy McGilvra	Internal	YES		Quarterly
Accessibility Timeliness of preventive care appointments in 42 Timeliness of routine primary care appointments within 7  Troy McGilvra Timeliness of routine primary care appointments within 24 hours Timeliness of urgent care appointments within 24 hours Timeliness of urgent care appointments within 24 hours Timeliness of energency care (immediately) Troy McGilvra Timeliness of energency care (immediately) Troy McGilvra Internal Appeals and Grievances (each product) Troy McGilvra Troy McGilvra Troy McGilvra Internal Appeals PTMPY Troy McGilvra Internal Appeals PTMPY Troy McGilvra Internal Internal Troy McGilvra Internal Troy Mc		C2-16	Provider Satisfaction	Troy McGilvra	Internal	YES		Quarterly
Timeliness of preventive care appointments in 42  Timeliness of routine primary care appointments within 7  Timeliness of routine primary care appointments within 7  Timeliness of urgent care appointments within 24 hours  Toy McGilvra  Troy McGilvra  Internal  Appeals received VTD PTMPY  Troy McGilvra  Troy McGilvra  Troy McGilvra  Internal  Appeals and Grievances (each product)  Troy McGilvra  Troy McGilvra  Troy McGilvra  Internal  Appeals PTMPY  Troy McGilvra  Troy McGilvra  Internal  Appeals PTMPY  Troy McGilvra  Troy McGilvra  Internal  Appeals PTMPY  Troy McGilvra  Troy McGi			Accessibility					
Calendar days Timeliness of routine primary care appointments within 7 Timeliness of routine primary care appointments within 24 hours Timeliness of urgent care appointments within 24 hours Timeliness of emergency care (immediately) Troy McGilvra Troy								
Timeliness of routine primary care appointments within 7    Troy McGilvra   Internal		C2-18	calendar days	Troy McGilvra	Internal	YES		Quarterly
days         Troy McGilvra         Internal           Timeliness of urgent care appointments within 24 hours         Troy McGilvra         Internal           Timeliness of emergency care (immediately)         Troy McGilvra         Internal           Access to after hours care (24hrs/7days a week/365 days)         Troy McGilvra         Internal           Year)         Complaints (acc product)         Troy McGilvra         Internal           Complaints PTMPY         Troy McGilvra         Internal           Access related complaints PTMPY         Troy McGilvra         Internal           Case Finding         # of Quality of Care Issues received YTD PTMPY         Troy McGilvra         Internal           Appeals and Grievances (each product)         Troy McGilvra         Internal           # Appeals and Grievances (each product)         Troy McGilvra         Internal           # Appeals PTMPY         Troy McGilvra         Internal           W Expedited appeals (72hours)         Troy McGilvra         Internal           Overturned appeals         Troy McGilvra         Internal           Appeals Ap								
Timeliness of urgent care appointments within 24 hours Troy McGilvra Internal Timeliness of emergency care (immediately) Troy McGilvra Internal Access to after hours care (24hrs/7days a week/365 days year)  Complaints (each product) Troy McGilvra Internal Access related complaints PTMPY Troy McGilvra Internal Accese Findings  # of Quality of Care Issues received YTD PTMPY Troy McGilvra Internal # of Quality Oduncil Appeals and Grievances (each product) Troy McGilvra Internal # Appeals and Grievances (each product) Troy McGilvra Internal # Appeals and Grievances (each product) Troy McGilvra Internal # Appeals PTMPY Troy McGilvra Internal # # Appeals PTMPY Troy McGilvra Internal # Appeals PTMPY Troy McGilvra Internal # Avg response time Less than 20 seconds PT PT PT McGilvra Internal # Avg response time Less than 20 seconds PT	:	C2-19		Troy McGilvra	Internal	YES		Quarterly
Timeliness of emergency care (immediately)  ER appeals received PTMPY (each product)  Access to after hours care (24hrs/7days a week/365 days year)  Complaints (each product)  Complaints PTMPY  Complaints PTMPY  Complaints PTMPY  Complaints PTMPY  Access related complaints PTMPY  Complaints PTMPY  Complaints PTMPY  Access related complaints PTMPY  Case Findings  # of Quality of Care Issues received YTD PTMPY  Troy McGilvra  Internal  # of Quality of Care Issues received YTD PTMPY  # of Quality of Care Issues received YTD PTMPY  # of Quality Ouncil  # Appeals and Grievances (each product)  # Appeals  # Appeals		C2-20	Timeliness of urgent care appointments within 24 hours	Troy McGilvra	Internal	YES		Quarterly
Access to after hours care (24hrs/7days a week/365 days year)  Complaints (each product)  Complaints (each product)  Complaints PTMPY  Complaints PTMPY  Complaints PTMPY  Access related complaints PTMPY  Complaints PTMPY  Complaints PTMPY  Access related complaints PTMPY  Troy McGilvra  # of Quality of Care Issues received YTD PTMPY  Troy McGilvra  Internal  # of cases refered to Quality Council  # Appeals and Grievances (each product)  # Appeals PTMPY  Troy McGilvra  Internal  Appeals PTMPY  Appeals PTMPY  Troy McGilvra  Internal  Appeals PTMPY  Troy McGilvra  Internal  Appeals PTMPY  Troy McGilvra  Internal  Appeals PTMPY  Troy McGilvra  Internal  Troy McG		C2-21	Timeliness of emergency care (immediately)	Troy McGilvra	Internal	YES		Quarterly
Access to after hours care (24hrs/7days a week/365 days year)  Complaints (each product)  Complaints PTMPY  Complaints PTMPY  Access related complaints PTMPY  Complaints PTMPY  Troy McGilvra  Troy McGilvra  Internal  # of Quality of Care Issues received YTD PTMPY  # pending  # of Quality of Care Issues received YTD PTMPY  Troy McGilvra  Internal  # of Cases refered to Quality Council  # Appeals and Grievances (each product)  # Appeals and Grievances (each product)  # Appeals and Grievances (each product)  # Appeals PTMPY  Troy McGilvra  Internal  Appeals TMPY  Troy McGilvra  Internal  Appeals TMPY  Troy McGilvra  Internal  Overturned appeals  Customer Standards  Angresponse time Less than 20 seconds  Troy McGilvra  Internal  Troy McGilvra  Internal  Internal  Troy McGilvra  Internal  Appeals TMPY  Troy McGilvra  Internal  Appeals Desconds  Troy McGilvra  Internal  Internal  Appeals Desconds  Troy McGilvra  Internal  Internal  Appeals Desconds  Troy McGilvra  Internal  Internal  Internal  Appeals Desconds  Troy McGilvra  Internal  I		C2-22	ER appeals received PTMPY (each product)	Troy McGilvra	Internal	YES		Quarterly
year)       Troy McGilvra       Internal         Complaints PTMPY       Troy McGilvra       Internal         Complaints PTMPY       Troy McGilvra       Internal         Access related complaints PTMPY       Troy McGilvra       Internal         Case Findings       # of Quality of Care Issues received YTD PTMPY       Troy McGilvra       Internal         # of QL issues resolved within 30 days       Troy McGilvra       Internal         # Appeals and Grievances (each product)       Troy McGilvra       Internal         # Appeals PTMPY       Troy McGilvra       Internal         # Appeals PTMPY       Troy McGilvra       Internal         # Appeals PTMPY       Troy McGilvra       Internal         W Expedited appeals (72hours)       Troy McGilvra       Internal         Overturned appeals       Troy McGilvra       Internal         Customer Service Center Standards       Troy McGilvra       Internal         Ag response time Less than 20 seconds       Troy McGilvra       Internal			Access to after hours care (24hrs/7days a week/365 days					
Complaints (each product)  Complaints PTMPY Complaints PTMPY Access related complaints PTMPY Troy McGilvra Troy McGilvra Access related complaints PTMPY Troy McGilvra Troy McGilvra Troy McGilvra Troy McGilvra Troy McGilvra Internal Appeals and Grievances (each product) Troy McGilvra Troy McGilvra Internal Appeals PTMPY Troy McGilvra Internal Troy McGilvra Internal Appeals PTMPY Troy McGilvra Internal Troy McGilvra Internal Appeals PTMPY Troy McGilvra Internal Customer Service Center Standards Avg response time Less than 20 seconds Troy McGilvra Internal I		C2-23	year)	Troy McGilvra	Internal	YES		Quarterly
Complaints PTMPY Access related complaints PTMPY Toy McGilvra Lolay, denial, referral complaints PTMPY Toy McGilvra  # of Quality of Care Issues received YTD PTMPY Troy McGilvra  # pending # of Quality of Care Issues received YTD PTMPY Troy McGilvra  # of Quality of Care Issues received YTD PTMPY Troy McGilvra  # of Quality Council # of Cases refered to Quality Council # Appeals and Grievances (each product) # Appeals and Grievances (each product) # Appeals PTMPY Appeals Appeals PTMPY Troy McGilvra Internal Overturned appeals Customer Service Center Standards Avg response time Less than 20 seconds Troy McGilvra Internal Inter			Complaints (each product)					
Access related complaints PTMPY  Delay, denial, referral complaints PTMPY  Case Findings # of Quality of Care Issues received YTD PTMPY  # pending # pending # of Quality of Care Issues received YTD PTMPY  # pending # of Quality of Care Issues received YTD PTMPY  # pending # of Quality of Care Issues received YTD PTMPY  # Appeals and Grievances (each product)  # Appeals and Grievances (each product)  # Appeals PTMPY  # Appeals # Troy McGilvra # Internal # Internal # Internal # Internal # Internal # Customer Service Center Standards # Avairaged in 30 seconds # Troy McGilvra # Internal # Avairaged in 30 seconds # Troy McGilvra # Internal		C2-25		Troy McGilvra	Internal	YES		Quarterly
Case Findings # of Quality of Care Issues received YTD PTMPY # pending # pending # of Quality of Care Issues received YTD PTMPY # pending # pending # of Cases refered to Quality Council # Appeals and Grievances (each product) # Appeals and Grievances (each product) # Appeals PTMPY # Appeals # Customer Service Center Standards # Aug response time Less than 20 seconds # Aug response Internal # Appeals # Appeals # Aug response time Less than 20 seconds # Aug response Internal # Aug response time Less than 20 seconds # Aug response Internal # Aug response Internal # Aug response time Less than 20 seconds # Aug response Internal # Aug resp		C2-26	Access related complaints PTMPY	Troy McGilvra	Internal	YES		Quarterly
Case Findings       # of Quality of Care Issues received YTD PTMPY       Troy McGilvra       Internal         # pending       % of QI issues resolved within 30 days       Troy McGilvra       Internal         # of cases refered to Quality Council       Troy McGilvra       Internal         Appeals and Grievances (each product)       Troy McGilvra       Internal         # Appeals       Troy McGilvra       Internal         # Expedited appeals (72hours)       Troy McGilvra       Internal         Overturned appeals       Troy McGilvra       Internal         Customer Service Center Standards       Troy McGilvra       Internal         # Avg response time Less than 20 seconds       Troy McGilvra       Internal		C2-27	Delay, denial, referral complaints PTMPY	Troy McGilvra	Internal	YES		Quarterly
# of Quality of Care Issues received YTD PTMPY Troy McGilvra Internal Internal % of QI issues resolved within 30 days Troy McGilvra Internal # of cases refered to Quality Council Troy McGilvra Internal # Appeals and Grievances (each product) Troy McGilvra Internal # Appeals PTMPY Troy McGilvra Internal % Expedited appeals (72hours) Troy McGilvra Internal Overturned appeals (72hours) Troy McGilvra Internal Internal Avg response time Less than 20 seconds Troy McGilvra Internal Internal Avg response time Less than 20 seconds Troy McGilvra Internal I			Case Findings					
# pending # pending % of QI issues resolved within 30 days # of cases refered to Quality Council # Appeals and Grievances (each product) # Appeals PTMPY Appeals PTMPY   Appeals PTMPY   Troy McGilvra   Internal     Customer Service Center Standards   Troy McGilvra   Internal     Customer Service Center Standards   Troy McGilvra   Internal     Avg response time Less than 20 seconds   Troy McGilvra   Internal     Customer Service Center Standards   Troy McGilvra   Internal     Avg response time Less than 20 seconds   Troy McGilvra   Internal     Customer Service Center Standards   Troy McGilvra   Internal   Internal		C2-29	# of Quality of Care Issues received YTD PTMPY	Troy McGilvra	Internal	YES		Quarterly
% of QI issues resolved within 30 days       Troy McGilvra       Internal         # of cases refered to Quality Council       Troy McGilvra       Internal         Appeals and Grievances (each product)       Troy McGilvra       Internal         # Appeals PTMPY       Troy McGilvra       Internal         % Expedited appeals (72hours)       Troy McGilvra       Internal         Overturned appeals       Troy McGilvra       Internal         Customer Service Center Standards       Troy McGilvra       Internal         # Avg response time Less than 20 seconds       Troy McGilvra       Internal		C2-30	# pending	Troy McGilvra	Internal	YES		Quarterly
# of cases refered to Quality Council Appeals and Grievances (each product) # Appeals # Appeals # Appeals # Appeals   We be appeals   Troy McGilvra   Internal		C2-31	% of QI issues resolved within 30 days	Troy McGilvra	Internal	YES		Quarterly
Appeals and Grievances (each product)       Troy McGilvra       Internal         # Appeals       Troy McGilvra       Internal         Poverturned appeals       Troy McGilvra       Internal         Customer Service Center Standards       Troy McGilvra       Internal         Avg response time Less than 20 seconds       Troy McGilvra       Internal		C2-32		Troy McGilvra	Internal	YES		Quarterly
# Appeals       # Appeals       Internal       Internal         Appeals PTMPY       Troy McGilvra       Internal         % Expedited appeals       Troy McGilvra       Internal         Customer Service Center Standards       Troy McGilvra       Internal         Avg response time Less than 20 seconds       Troy McGilvra       Internal			Appeals and Grievances (each product)					
Appeals PTMPY       Troy McGilvra       Internal         % Expedited appeals       Troy McGilvra       Internal         Overturned appeals       Troy McGilvra       Internal         Customer Service Center Standards       Troy McGilvra       Internal         Avg response time Less than 20 seconds       Troy McGilvra       Internal		C2-34	# Appeals	Troy McGilvra	Internal	YES		Quarterly
% Expedited appeals (72hours)       Troy McGilvra       Internal         Overturned appeals       Troy McGilvra       Internal         Customer Service Center Standards       Troy McGilvra       Internal         Avg response time Less than 20 seconds       Troy McGilvra       Internal	•	C2-35	Appeals PTMPY	Troy McGilvra	Internal	YES		Quarterly
Customer Service Center Standards  Avg response time Less than 20 seconds  Troy McGilvra Internal  Troy McGilvra Internal		C2-36	eals (72hou	Troy McGilvra	Internal	YES	,	Quarterly
Customer Service Center Standards Avg response time Less than 20 seconds Troy McGilvra Internal		C2-37	Overturned appeals	Troy McGilvra	Internal	YES		Quarterly
Avg response time Less than 20 seconds Troy McGilvra Internal			Customer Service Center Standards					·
W. of only answered in 20 seconds		C2-39		Troy McGilvra	Internal	YES		Quarterly
76 Of Calis at Swelled III 30 Seconds		C2-40		Troy McGilvra	Internal	YES		Quarterly

REF#   C2-41   C2-45   C2-45   C2-45   C2-46   C2-46   C2-46   C2-46   C2-46   C2-50   C2-51   C2-54   C2-54   C2-54   C2-54   C3-6   C3-6	Existing Management Metrics:  TITLE Abandonment rate Member satisfaction with cell center.					
REF# C2-41 C2-45 C2-46 C2-46 C2-46 C2-46 C2-46 C2-51 C2-52 C2-52 C2-54 C3-5 C3-5 C3-5 C3-6 C3-7 C3-6 C3-7 C3-7 C3-7 C3-7 C3-7 C3-7 C3-8 C3-8 C3-8 C3-8 C3-8 C3-8 C3-8 C3-8						
REF# C241 C244 C244 C248 C248 C248 C248 C248 C248				CRITICAL		
				PERF. IND.	DENIAL	
		POC (not the OPR)	SOURCE	CANDIDATE	REASON*	FREO.
		Troy McGilvra	Internal	YES		Quarterly
		Troy McGilvra	Internal	YES		Quarterly
	Claims					
	% Clean claims processed in thirty days	Troy McGilvra	Internal	YES		Quarterly
	% non contracted physician clean claims in thirty days	Troy McGilvra	Internal	YES		Quarterly
	% of contracted physician clean claims in thirty days	Troy McGilvra	Internal	YES		Quarterly
	Credentialling					
	# of practitioners credentialed	Troy McGilvra	Internal	YES		Quarterly
	Average credentialling time less than 180 days	Troy McGilvra	Internal	YES		Quarterly
	# of applicants rejected	Troy McGilvra	Internal	YES		Quarterly
	% of PCP recredentialled within 2 years	Troy McGilvra	Internal	Q.	7	Quarterly
	% of specialists recredentialled within 2 years	Troy McGilvra	Internal	QN ON	2	Quarterly
	# of PCP recredentialled	Troy McGilvra	Internal	Q.	2	Quarterly
	# of specialists recredentialled	Troy McGilvra	Internal	ON N	2	Quarterly
	Clinical indicators					
	Diabetes					
	Hemoglobin A1C tests	Troy McGilvra	Internal	YES		Quarterly
	Diabetic retinal exam (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
	Diabetic readmission rate PTMPY	Troy McGilvra	Internal	YES		Quarterly
	% of diabetics who receive annual screens for protein in					
C3-6 C3-7 C3-8 C3-9	the urine	Troy McGilvra	Internal	YES		Quarterly
C3-7 C3-8 C3-9 C3-10	% of diabetics whose blood sugar is in control	Troy McGilvra	Internal	YES		Quarterly
C3-8 C3-9 C3-10	% of diabetics who receive annual foot exams	Troy McGilvra	Internal	YES		Quarterly
C3-9 C3-10	% of diabetics whose lipids are at safe levels	Troy McGilvra	Internal	YES		Quarterly
ය <del>-</del> 10	% of diabetics who receive advice to quit smoking	Troy McGilvra	Internal	YES		Quarterly
	% of diabetics who smoked and quit	Troy McGilvra	Internal	YES		Quarterly
ය <del>-</del> 1	% of diabetics satisfied with their care	Troy McGilvra	Internal	YES		Quarterly
	% of diabetics who work who lose time form work					
C3-12	because of their illness	Troy McGilvra	Internal	YES		Quarterly
	Women's and children's health					

		PacifiCare of Texas Performance Indicators	nance Indicators				
7.	Pacificare.						
of Taxae		Existing Management Metrics:			CRITICAL		
-			•		PERF. IND.	DENIAL	
	REF#	TILE	POC (not the OPR)	SOURCE	CANDIDATE	REASON*	FREO.
		% of children who are fully immunized by two years of					
	C3-14	age (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
		% of adolescents immunized by 13 years of age (HEDIS					
	C3-15	measure)	Troy McGilvra	Internal	YES		Quarterly
		% of women who receive prenatal care during the 1st					
	C3-16	trimester (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
	C3-17	C-section rate	Troy McGilvra	Internal	YES		Quarterly
	C3-18	VBAC Rate	Troy McGilvra	Internal	YES		Quarterly
	C3-19	Low birth weight (less than 1500 grams)	Troy McGilvra	Internal	YES		Quarterly
	C3-20	(less than 2500 grams)	Troy McGilvra	Internal	YES		Quarterly
	C3-21	Mammography Rate (By product) (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
	C3-22	Cervical cancer screening (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
		Cardiovascular health					
	C3-24	AMI re-admission rate within 7 days	Troy McGilvra	Internal	YES		Quarterly
	C3-25	% of eligible members taking aspirin daily	Troy McGilvra	Internal	YES		Quarterly
		% of eligible members taking beta blockers (HEDIS					
	C3-26	measure)	Troy McGilvra	Internal	YES		Quarterly
	C3-27	% of eligible members taking ACE inhibitors	Troy McGilvra	Internal	YES		Quarterly
		% of eligibles members with cholesterol screens					
	C3-28	performed 6 months AMI	Troy McGilvra	Internal	YES		Quarterly
		% of eligible members with elevated cholesterol 6 mths					
	C3-29	AMI taking cholesterol lowering drugs	Troy McGilvra	Internal	YES		Quarterly
	C3-30	% of eligible members who had stress test after AMI	Troy McGilvra	Internal	YES		Quarterly
	C3-31	% of eligible members counseled to quit smoking	Troy McGilvra	Internal	YES		Quarterly
	C3-32	% of eligible members taking Digoxin	Troy McGilvra	Internal	YES		Quarterly
	C3-33	% CHE re-admission rate within 7 days	Troy McGilvra	Internal	YES		Quarterly
	C3-34	% of eligible members taking diuretic	Troy McGilvra	Internal	YES		Quarterly
	C3-35	% of eligible members counseled on low sodium diet	Troy McGilvra	Internal	YES		Quarterly
	C3-36	% of eligible members counseled on fluid restrictions	Troy McGilvra	Internal	YES		Quarterly
		Depression					

•		PacifiCare of Texas Performance Indicators	mance indicators				
7	racing are						
of Texas	25	Existing Management Metrics:			CRITICAL		
					PERF. IND.	DENIAL	
	REF#	TITLE	POC (not the OPR) SOURCE	SOURCE	_	REASON*	FREO
		% of members hospitalized for depression seen by					
		mental health provider within 30 days of discharge (HEDIS					
	C3-38	measure)	Troy McGilvra	Internal	YES		Quarterly
		% of members improved significantly with in 6 months					
	C3-39	after diagnosis	Troy McGilvra	Internal	YES		Ouarterly
		% of members received prescription greater than 9					6
	C3-40	months	Troy McGilvra	Internal	YES		Quarterly
		% patients able to continue daily work activities - 6					
	C3-41	months	Troy McGilvra	Internal	YES		Quarterly
	C3-42	% patients coping well with the disease - 6 months	Troy McGilvra	Internal	YES		Quarterly
		% members satisfied with the care the receive for					
	C3-43	depression – 6 mths post diagnosis	Troy McGilvra	Internal	YES		Quarterly
		Stop Smoking					
	C3-45	Number participants (both products)	Troy McGilvra	Internal	YES		Quarterly
	C3-48	% members counseled to quit (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
	C3-47	Quit rates ( quit for 12 months)	Troy McGilvra	Internal	YES		Quarterly
	C3-48	% members who smoke	Troy McGilvra	Internal	YES		Quarterly
		Senior influenza					
1	C3-50	% eligible members who received vaccination	Troy McGilvra	Internal	QN ON	2	Quarterly
+							
Reas	sons for denying	" Reasons for denying candidacy as critical performance indicator:					
	t a specific met	Not a specific metric (e.g. a narrative report)					
2. An	MTF, FHFS, H	An MTF, FHFS, HCFA, or external organization-specific metric					
	t a metric for ex	Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance)	or purely contract corr	(appliance)			
				,	7		

# Appendix D

#### Health Status

Critical Performance Indicator Candidates

		້ວ	tical Perfo	Critical Performance Indicator Candidates	Candidates				
All CPI Candidates for Health Status scored for IIIDG	OGF N	E Model:						er per by Agent, Landgar to the few distribution of the Spirite Spirit	
		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TILE	ORG.	IXE	QUALITY	QUALITY ACCESSIBILITY TIMELINESS ACTIONABLE	IIMELINESS	ACTIONABLE	EIK EIK	BENCHMARK	VALUE
Utilization Management									
	TSW	¥S	0.45	0.40	0.30	09.0	0.70	0.50	0.35
	₹	<b>M</b>	0.10	0.20	0.10	0.10	0.10	0.10	0.30
	PoT	OM	0.45	0.40	09:0	0:30	0.20	0.40	0.35
ER visits per 1000 enrollees	TSW	MS							
MTF-Enrolled Prime Pts' Usage of ER Visits									
During Normal Clinic Hrs	Š Ž	5							
Hospital admissions per 1000 enrollees	TSW	MO						THE STREET STREET, STR	and the state of t
	PoT	M							
		,							
Days per thousand	PoT	M							
d days PTMPY (per thousand members per		:							
	PoT	<b>∑</b>							
PCP encounters PMPY	PoT	<b>∑</b>						:	
Specialty referrals per 1000 enrollees	TSW	ĕ							
Outpt visits per specialist per 1000 enrollees	1SW	5							
Specialists encounters PMPY	<u>P</u>	<b>§</b>							
Average LOS by DRG	TSW	5							
ALOS	PoT	5							
Medical/Surgical preauthorization determinations									
workdays.	TSW	<b>™</b>							
Mental Health preauthorization determinations on									
100% of all requests shall be issued within (5) workdays.	TSW	<b>∑</b>							
The state of the s				,					
	i						,		,
UM - HCF Activity: Med/Surg Non-Network Reason I NV	2								
UM - HCF Activity: Case Outcome by Site	NN.	İ							
HEAR data vs Beneficiary Utilization data	<u>N</u>	5			***************************************				
elizat ay ingriring hamily habitat and all and at any any and a state of the state									

		ပ်	itical Perfo	Critical Performance Indicator Candidates	Candidates				
All CPI Candidates for Health Status scored for 11 IDGE Model	שטט	Andal:							
OO OO DOOG BANKA TANKATI OO OO OO		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TITE	ORG.	IXPE	DUALITY	ACCESSIBILITY TIMELINESS	TIMELINESS	ACTIONABLE	TINK	BENCHMARK	VALUE
Quality Management									
	TSW	ΝÖ	0.40	0.40	0.40	0.50	0.70	0.40	0.50
	AN-	Ø	0.20	0.20	0.20	0.00	0.00	0.00	00.0
	PoT	ΨÖ	0.40	0.40	0.40	0.50	0.30	0.60	0.50
Chevance inquines: Provide Written response by									
processed to completion by that date. The									<del></del>
response must include the delay reason and an									
	TSW	Ø						•	-
	TSW	Š							
	TSW	Ϋ́							
QM - Grievances Processed in (60) Days	WNT	Ø							
Provide written response by the 30th calendar day									
after receipt for all reconsiderations not processed									
to completion advising the appealing party that the			-					•	
reconsideration determination will be made within	ě	į	-						
drad Deroent (4009/) of promings for	30	5							
expedited preadmission/preprocedure		-					****		
reconsiderations to completion within three (3)									
working days of receipt of the reconsideration									
	TSW	Š						•	
								<del> </del>	
	PoT	MQ	-						
	PoT	ð							
s (72hours)	PoT	ΝÖ							
Overturned appeals	PoT	Æ							
	TSW	Š							
total number outstanding appeals	TSW	Ø							
	_		٠						
	1								
	1								

Action   Care   Health Status scored for Jul DGE   Model:   DATA   DATA   STRATEGIC   EXTERNAL   STACETOLDER   MITTER   ORG.   DATA   STRATEGIC   EXTERNAL   STACETOLDER   MITTER   ORG.   O.   O.   O.   O.   O.   O.   O.	THE PROPERTY OF THE PROPERTY O		ວັ	tical Perfo	Critical Performance Indicator Candidates	Candidates	,			
METRIC DATA   DATA   DATA   DATA   STRATEGIC EXTERNAL	All CPI Candidates for Health Status scored for JU	1 -	lodel:							
ORG.   TYPE   QUALITY ACCESSIBILITY   IMMELINESS   ACTIONABLE   LINK   BENCHMARK			METRIC	DATA	DATA	DATA	DATA			
TSW	3111	ORG.	li	QUALITY	ACCESSIBILITY	TIMELINESS	ACTIONABLE		BENCHMARK	
TSW   CM   0.70   0.80   0.75   0.40   0.30   0.50     PoT   CM   0.30   0.20   0.00   0.00     PoT   CM   0.30   0.20   0.25   0.60   0.70   0.50     TSW   CM   CM   CM   CM   CM   CM   CM   C	Case Management									:
Taw   CM   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.0		TSW		0.70	0.80	0.75	0.40	0.30	0.50	0.50
Port   CM   0.30   0.20   0.25   0.60   0.70   0.50     TSW   CM		MN_ MN_		0.00	0.00	0.00	0.00	0.00	0.00	0.00
TSW CM TS		PoT	!	0.30	0.20	0.25	09.0	0.70	0.50	0.50
TSW CM  TSW CM  Por CM										
TSW CM  PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM PoT CM P	Case Management									
TSW         CM           PoT         CM           TSW         HL         0.50         0.50         0.50           TSW         HL         0.00         0.00         0.00         0.00           TSW         HL         TWW         HL         HL	Medical/Surgical evaluations shall be completed on 100% of the cases within (5) workdavs.		NO.		•					
TSW       CM         PoT       CM         PoT       CM         PoT       CM         PoT       CM         PoT       CM         PoT       CM         TSW       HL	Mental Health evaluations shall be completed on								A 100	
PoT         CM           PoT         CM           PoT         CM           PoT         CM           PoT         CM           PoT         CM           TSW         HL         0.50         0.50         0.50           PoT         HL         0.00         0.00         0.00         0.00           TSW         HL         0.00         0.00         0.00         0.00           TSW         HL         0.00         0.00         0.00         0.00           TNW         HL         0.00         0.00         0.00         0.00	100% of the cases within (5) workdays.	TSW	S							
PoT         CM           PoT         HL           CM         CM           CM	Case Findings									
PoT         CM           PoT         CM           PoT         CM           PoT         CM           TSW         HL         0.50         0.50         0.50           TSW         HL         0.00         0.00         0.00           TSW         HL         0.00         0.00         0.00	# of Quality of Care Issues received YTD PTMPY	PoT	S							
PoT         CM           PoT         CM           PoT         CM           Invalue of the control of th	# pending	PoT	S							
PoT         CM           PoT         CM           TSW         HL         0.50         0.50         0.50         0.50           TNW         HL         0.50         0.50         0.50         0.50           TSW         HL         0.00         0.00         0.00         0.00           TSW         HL         TMW         HL         HL         HL         HL	% of QI issues resolved within 30 days	PoT	გ					and the state of t		
TSW HL 0.50 0.50 0.50 0.50 0.50 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50 1 0.50	# of cases refered to Quality Council	PoT	S						-	
TSW HL 0.50 0.50 0.50 0.50 0.50 0.50 1						Amphilipe a city, passed a military a passed a p				
TSW HL 0.50 0.50 0.50 0.50 0.50   TNW HL 0.50 0.50 0.50   0.50 0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.50   0.	Health Care Information Lines									
TNW         HL         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.50         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	TSW		0.50	0.50	0.50	0.50	0.50	0.50	0.50
PoT         HL         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.	Andread and the delete of the second at the second at the second at the second and the second at the	<b>MN</b> L		0.50	0.50	0.50	0.50	0.50	0.50	0.50
WANT		PoT		0.00	0.00	0.00	0.00	0.00	0.00	00.00
ANA TOTAL TO	Health Care Information Denot	TCIA								
	HCII - Total Call Distribution by Services Utilized	E								
			1							
						111111111111111111111111111111111111111				
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	AND THE PROPERTY OF THE PROPER									
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	de manager nom more de America de servicione en expelhe sem mande independent de more destructues de des									

	-	5		Crucal Performance Indicator Candidates	Carrarates				
All CPI Candidates for Health Status scored for II JDGF	IDGF	Model:							
O CO CO SMINE INTERIOR CONTROL OF THE CONTROL OF TH		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TITLE	ORG.	IYPE	ы	ACCESSIBILITY	A	Q	-	0	VALUE
Chair Indian	$\downarrow$								
	AST.	c	0.80	0.00	0.85	0.50	0.00	0	0
	N.L		000	0.00	000	00.0	000	800	000
	PoT		0.20	0.10	0.15	0.80	0.70	0.40	0.50
Clinical indicators									
Health Risk Appraisal	TSW	ច							
CI- Diabetes									
Hemoglobin A1C tests	PoT	g							
Diabetic retinal exam (HEDIS measure)	PoT	<u></u>							
Diabetic readmission rate PTMPY	PoT	පු							
% of diabetics who receive annual screens for									
protein in the urine	PoT	CID							
% of diabetics whose blood sugar is in control	PoT	CID							
% of diabetics who receive annual foot exams	PoT	CID							
% of diabetics whose lipids are at safe levels	PoT	CID							
% of diabetics who receive advice to quit									
smoking	Pol	CID							
% of diabetics who smoked and quit	PoT	CID							
% of diabetics satisfied with their care	PoT	පු							
% of diabetics who work who lose time form									
work because of their illness	PoT	G C							
CI- Women's and children's health									
% of children who are fully immunized by two									
years of age (HEDIS measure)	PoT	S⊠			·				÷
% of adolescents immunized by 13 years of age									
(HEDIS measure)	PoT	S Ci							
% of women who receive prenatal care during	1	į				•			
the 1st trimester (HEDIS measure)	Po	CIW							
C-section rate	PoT	CIW							
VBAC Rate	PoT	CIW							
Low birth weight (less than 1500 grams)	PoT	S C							
(less than 2500 grams)	PoT	ĕ							
Mammography Rate (By product) (HEDIS									
measure)	PoT	<u></u>							
Cervical cancer screening (HEDIS measure)	PoT	S							
				A			•		

All CPI Candidates for Health Status scored for JUDGE		Model:					A served from the last of the first of the f		
And the state of t		-	DATA	DATA	DATA		STRATEGIC		STAKEHOLDER
3171.6	ORG.	IYPE	QUALITY	ACCESSIBILITY	TIMELINESS	ACTIONABLE	LINK	BENCHMARK	VALUE
Ci- Cardiovascular health			•				,		
AMI re-admission rate - within 7 days	PoT	ည							
% of eligible members taking aspirin daily	PoT	ည							
% of eligible members taking beta blockers									Andrews of the latter of the l
(HEDIS measure)	PoT	္ဗ							
% of eligible members taking ACE inhibitors	PoT	ည							
% of eligibles members with cholesterol screens	S								
performed 6 months AMI	PoT	ဗ္ဗ							
% of eligible members with elev. cholesterol 6									
mths AMI taking cholesterol lowering drugs	PoT	ည							
% of eligible members who had stress test after	1								
AMI		ည						,	
% of elig. members counseled to quit smoking	PoT	၁၊၁							
% of eligible members taking Digoxin	PoT	၁၊၁		•					
% CHE re-admission rate within 7 days	PoT	ဗ္ဗ							
% of eligible members taking diuretic	PoT	ည္ပ							
% of eligible members counseled on low									
sodium diet	PoT	ည							
% of eligible members counseled on fluid			٠		-				
restrictions	PoT	္ဗ	/						·
Cl- Depression									
% of members hospitalized for depression seen	_								
by mental health provider within 30 days of									
discharge (HEDIS measure)	PoT	CIP		-					
% of members improved significantly with in 6									
months after diagnosis	PoT	딩							
% of members received prescription greater than 9 months	PoT	ᅙ							
% patients able to continue daily work activities - 6 months	PoT	<u>S</u>							
% patients coping well with the disease - 6	ļ.								
months	PoT	당							
% members satisfied with the care the receive									
for depression – 6 mths post diagnosis	PoT	CIP							
CI- Smoking Cessation	PoT								
Number participants (both products)	PoT	CIS							
% members counseled to quit (HEDIS meas.)	PoT	SiS							
Quit rates ( quit for 12 months)	PoT	CIS							
0/	1			The second secon	The second name of the last of			A CONTRACTOR OF THE PERSON NAMED IN COLUMN 1	

# Appendix E

### Operations/Member Services

Critical Performance Indicator Candidates

All CPI Candidates for Operations/Member Services scored for JUDGE Model:	ces scor	ed for JUD	3E Model:	-					
		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
<b>37111</b>	ORG.	IVE	OUALITY	ACCESSIBILITY TIMELINESS ACTIONABLE	TIMELINESS	ACTIONABLE	LINK LINK	BENCHMARK	VALUE
Provider Services					,				
	TSW	PS	0.7	0.8	0.75	0.3	9.0	0.45	0.65
	MN_ MN_ MN_ MN_ MN_ MN_ MN_ MN_ MN_ MN_	PS	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	PoT	R	0.3	0.2	0.25	9.0	0.3	0.45	0.25
Provider Satisfaction									
Results of survey	TSW	PS							
Provider Satisfaction	PoT	PS						an en der en	
Providers (by product)									
PCP Total	PoT	S.							
PCP to member ratio	PoT	PS							
Specialists - Total	PoT	S.							
Hospitals - Total	PoT	PS							
									-
Network Adequacy Report	TSW	PS							
Network Adequacy	MNT.	PS							
Credentialing									
# of practitioners credentialed	PoT	S							
Average credentialing time less than 180 days	PoT	S							
# of applicants rejected	PoT	PS							
# adverse actions	TSW	PS							
# privileged providers by specialty	TSW	PS							
#privileged providers by adverse actions	TSW	PS							
Pharmacies									
Total	PoT	S							
Generic Fill rate (by product)	PoT	PS							
Integrated Pharmaceutical Services		PS							
Identify and resolve provider relations issues within	ë								
30 calendar days of identification.	TSW	S						-	

PI Candidates for <u>Operations/Member Services</u> scored for JUDG  TITLE  Customer Service  Customer Service  TRNW  CS  TRWW  T	UDGE Model: IC DATA E QUALITY A 0.30 0.10	DATA DATA  DATA DATA  QUALITY ACCESSIBILITY I 0.60 0.30 0.30 0.60 0.10 0.10	DATA 0.40 0.50 0.10	DATA DATA  IMELINESS ACTIONABLE  0.40 0.70 0.50 0.20 0.10 0.10	STRATEGIC LINK 0.60 0.25 0.15	EXTERNAL BENCHWARK 0.45 0.10	STAKEHOLDER VALUE 0.60 0.30 0.10
TRICARE Service Center  TRICARE  TRICAR	LE DATA  E QUALITY A  0.30  0.10	DATA CCESSIBILITY I 0.30 0.60 0.10	DATA  DATA  0.40  0.10  0.10	DATA ACTIONABLE 0.70 0.20 0.10		EXTERNAL BENCHMARK 0.45 0.10	STAKEHOLDER VALUE 0.60 0.10
TRICARE Service Center  TSW CS  TSW CS  TSW CS  TSW CS  TSW CS  TSW CS  Trace		0.30 0.60 0.10	0.40 0.50 0.10	0.70 0.20 0.10		0.45 0.45 0.10	0.60 0.10
Customer Service  Customer Service  TRICARE Service Center  alkin 5  TSW  TSW  TSW  TSW  TSW  TSW  TSW  TS		0.30	0.40	0.70		0.45 0.45 0.10	0.60 0.30 0.10
TRICARE Service Center  TPRICARE Service Center  TPRICARE Service Center  TPRICARE Service Center  TPRICARE Service Center  TRICARE Service Center  TSW CS  TRICARE Service Center  TSW CS  TS		0.30	0.40	0.70	0.60	0.45	0.60
TRICARE Service Center  TPRICARE Service Center  TPRICARE Service Center  TO all calls must be  owledged by a telephone representative or mated Response Unit (ARU) within 120 nds after initial greeting.  TSW CS  y percent (80%) of calls must be handled to pletion during the initial call, call back or is not completed during initial call, call backs is not completed during initial call call backs or is not completed during initial call backs or is not completed during initial call backs or is not completed during initial call backs or is percent (85%) of all final call backs or hundred percent (100%) of all final call backs or inche percent (100%) of all final call backs  hundred percent (100%) of all final call backs  ficiaries telephoning the TSC shall be placed id for no longer than 5 minutes.  TSW CS  in beneficiaries will be greeted within 5 es of arrival.  TSW CS  at Services available at TSCs with no more at 5 minute wait for beneficiaries visiting the at 5 minute 5 minutes wait for beneficiaries visiting the at 5 minutes 5 minutes wait for beneficiaries visiting		0.30	0.50	0.20	0.25	0.45 0.45 0.10	0.60 0.30 0.10
TRICARE Service Center by percent (90%) of all calls must be owledged by a telephone representative or mated Response Unit (ARU) within 120 nds after initial greeting.  y percent (80%) of calls must be handled to letion during the initial call.  Is not completed during initial call, call backs or replies must be provided within 10 days.  y-five percent (95%) of all final call backs or replies must be provided within 20 days.  TSW CS  hundred percent (100%) of all final call backs or replies must be provided within 20 days.  TSW CS  replies must be provided within 10 days.  TSW CS  replies must be provided within 50 days.  TSW CS  replies must be provided within 50 days.  TSW CS  replies must be provided within 50 days.  TSW CS  replies must be provided within 50 days.  TSW CS  replies must be provided within 50 days.  TSW CS  replies must be provided within 50 days.  TSW CS  replies must be provided within 50 days of receipt of the inquiry.  TSW CS  replies must be greeted within 50 days of receipt of the inquiry.  TSW CS  replies must be greeted within 50 days of receipt of the inquiry.  TSW CS  replies must be greeted within 50 days of receipt of the inquiry.  TSW CS  TSW CS  replies must be greeted within 50 days of receipt of the inquiry.  TSW CS  replies must be greeted within 50 days of receipt of the inquiry.  TSW CS  TSW CS  ARE Services available at TSCs with no more and all 50 minute wait for beneficiaries visiting the all 50 minute for the first with all 50 minute for the first with all 50 minute for the first		0.00	0.10	0.10	0.15	0.10	0.30
TRICARE Service Center by percent (90%) of all calls must be owledged by a telephone representative or mated Response Unit (ARU) within 120 nds after initial greeting.  y percent (80%) of calls must be handled to 15W CS y percent (80%) of calls must be handled to 15W CS lis not completed during initial call, call backs or replies must be provided within 10 days.  TSW CS hundred percent (100%) of all final call backs or replies must be provided within 20 days.  TSW CS ficiaries telephoning the TSC shall be placed 15W CS ficiaries telephoning the TSC shall be placed 15W CS ficiaries telephoning the TSC shall be placed 15W CS in beneficiaries will be greeted within 5 TSW CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs with no more 15W CS ral Services available at TSCs With CSC CS ral Services available at TSCs With CSC CSC CSC			0.10	0.10	0.15	0.10	0.10
TRICARE Service Center by percent (90%) of all calls must be owledged by a telephone representative or mated Response Unit (ARU) within 120 nds after initial greeting.  y percent (80%) of calls must be handled to nds after initial greeting.  y percent (80%) of calls must be handled to nels after initial greeting.  TSW y percent (80%) of calls must be handled to nels not completed during initial call, call back is not completed during initial call, call back be made within 2 days.  TSW hundred percent (100%) of all final call backs or n replies must be provided within 20 days.  TSW hundred percent (100%) of all final call backs ficiaries telephoning the TSC shall be placed if for no longer than 5 minutes.  TSW y-eight percent (98%) of walk-in inquiries will solved within the initial visit. The balance will cked to ensure final response is rendered in beneficiaries will be greeted within 5 es of arrival.  TSW of all 5 minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries visiting the							
The percent (90%) of all calls must be owledged by a telephone representative or mated Response Unit (ARU) within 120  Indeed Response Unit (ARU) within 20  In not completed during initial call, call back or not completed during initial call, call backs or not completed during initial call, call backs or not replies must be provided within 10 days.  In replies must be provided within 20 days.  Item replies must be provided within 5  Item replies must be provided within 5  Item replies must be provided within 5  Item of one one of the inquiry.  In beneficiaries will be greeted within 5  Item of a 15 minute wait for beneficiaries visiting the and 15 minute wait for beneficiaries visiting the		-					
owledged by a telephone representative or mated Response Unit (ARU) within 120  Inds after initial greeting.  The percent (80%) of calls must be handled to pletion during the initial call.  Is not completed during initial call, call back  be made within 2 days.  The percent (95%) of all final call backs or not replies must be provided within 10 days.  The percent (100%) of all final call backs or not replies must be provided within 20 days.  The percent (100%) of all final call backs of the interplies must be provided within 20 days.  The ficiaries telephoning the TSC shall be placed in the initial visit. The balance will solved within the initial visit. The balance will cked to ensure final response is rendered in beneficiaries will be greeted within 5 as of arrival.  The percent (98%) of walk-in inquiries in beneficiaries available at TSCs with no more as of arrival.  Thinute wait for beneficiaries visiting the as 15 minute wait for beneficiaries visit		-					
mated Response Unit (ARU) within 120  TSW  Tobation during the initial greeting.  TSW  TSW  TSW  TSW  TSW  TSW  TSW  TS							
nds after initial greeting.  y percent (80%) of calls must be handled to pletion during the initial call.  Is not completed during initial call, call back be made within 2 days.  y-five percent (95%) of all final call backs or not replies must be provided within 10 days.  TSW hundred percent (100%) of all final call backs.  TSW hundred percent (100%) of all final call backs.  TSW hundred percent (100%) of all final call backs.  TSW hundred percent (100%) of all final call backs.  TSW hundred percent (100%) of walk-in inquiries will for no longer than 5 minutes.  TSW height percent (198%) of walk-in inquiries will solved within the initial visit. The balance will cked to ensure final response is rendered to ensure final response is rendered in beneficiaries will be greeted within 5 as of arrival.  TSW of arrival.  TSW of arrival.  TSW of all final call backs or a filiable at TSCs with no more a 15 minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries vi							
y percent (80%) of calls must be handled to 15W letion during the initial call.  Is not completed during initial call, call back be made within 2 days.  Y-five percent (95%) of all final call backs or no replies must be provided within 10 days.  TSW rundred percent (100%) of all final call backs or no replies must be provided within 20 days.  TSW ficiaries telephoning the TSC shall be placed ficiaries telephoning the TSC shall be placed and for no longer than 5 minutes.  TSW ficiaries telephoning the TSC shall be placed and for no longer than 5 minutes.  TSW ficiaries telephoning the inquiry.  TSW ficiaries available at TSCs with no more a 15 minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 minute wait for beneficiaries with no more a 15 min							
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be made within 2 days.  Y-five percent (95%) of all final call backs or no replies must be provided within 10 days.  Transplies must be provided within 10 days.  Transplies must be provided within 20 days.  Transplies must be provided within 5 minutes.  Transplies must be greeted within 5 minute wait for beneficiaries visiting the also minute wait for beneficiaries wisting the also minute also minute also minute also minute also minute al							
The first of the f							
n replies must be provided within 10 days.  In replies must be provided within 10 days.  In replies must be provided within 20 days.  Itten replies must be provided within 20 days.  If ciaries telephoning the TSC shall be placed  If for no longer than 5 minutes.  If days of receipt of the inquiry.  In beneficiaries will be greeted within 5  If an in beneficiaries will be greeted within 5  If solvices available at TSCs with no more and 15 minute wait for beneficiaries visiting the and 15 minute wait for beneficiaries wisting the and 15 minute wait for beneficiaries with wait for beneficiarie							
S & D = = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			. , 1.11.	•			
ficiaries telephoning the TSC shall be placed Id for no longer than 5 minutes.  Y-eight percent (98%) of walk-in inquiries will solved within the initial visit. The balance will cked to ensure final response is rendered 2 days of receipt of the inquiry. In beneficiaries will be greeted within 5 es of arrival. TSW ral Services available at TSCs with no more a 15 minute wait for beneficiaries visiting the TSW							
ficiaries telephoning the TSC shall be placed of for no longer than 5 minutes.  TSW  y-eight percent (98%) of walk-in inquiries will solved within the initial visit. The balance will cked to ensure final response is rendered TSW  in beneficiaries will be greeted within 5 as of arrival.  TSW  as of arrival.  TSW  TSW  Tal Services available at TSCs with no more as 15 minute wait for beneficiaries visiting the as 15 minute wait for beneficiaries visiting the TSW  TSW  TSW  TSW  TSW  TSW  TSW  TSW			<u></u>				
Id for no longer than 5 minutes.  Y-eight percent (98%) of walk-in inquiries will solved within the initial visit. The balance will cked to ensure final response is rendered TSW in beneficiaries will be greeted within 5 resolved so of arrival.  TSW ral Services available at TSCs with no more a 15 minute wait for beneficiaries visiting the minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries visiting the a 15 minute wait for beneficiaries visiting the TSW ARE Service Center Walk ins							
y-eight percent (98%) of walk-in inquiries will solved within the initial visit. The balance will cked to ensure final response is rendered 1.2 days of receipt of the inquiry. In beneficiaries will be greeted within 5 TSW in beneficiaries will be greeted within 5 TSW as of arrival. Tal Services available at TSCs with no more a 15 minute wait for beneficiaries visiting the more Service available at TSCs with no more a 15 minute wait for beneficiaries visiting the TSW ARE Service Center Walk ins.							
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TSW ARE Service Center Walk-ins			•		,		
MAL					<del></del>	•	
AAA							
ter Calls Answered TNW							
Reasons for TSC Calls TNW CS							

SO SS S	DATA ACCESSIBILITY I	Ø	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
NETRIC   ORG.   IYPE			DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
METRIC   ORG.   IYPE   TSW   CS   TSW   CSW   C			DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
178W CS TSW CS TSW CS TSW CS TSW CS TSW CS				¥		
TSW TSW TSW			ACTIONABLE		BENCHIMARK	VALUE
TSW talk						
TSW TSW						
TSW TSW						
TSW te						•
TSW						
TSW to nplete						
TSW d to nplete						
5%) of calls must be handled to the initial call (calls are complete						
completion during the initial call (calls are complete						
regarding their situation).						
ars must receive return calls within						
2 working days.					,	
Ninety-five percent (95%) of all calls that were not		,			***	
tial call must be	<del></del>					
completed within 10 calendar days.						
Il calls must be						
resolved within 20 calendar days.				-		
TSW						
enter Standards						A 10 10 10 10 10 10 10 10 10 10 10 10 10
Avg response time Less than 20 seconds PoT CS		,				
PoT						
Abandonment rate PoT CS						
						· ·

All CP1 Candidates for <u>Operational Manches Bandons Bornel for JUDGE Models</u>   DATA   DATA   STRATEGIC EXTERNAL STACES			5	A						
Cuttomer Satisfaction with pain   Port   Caracteristics   Port   Port   Caracteristics   Port   Port   Caracteristics   Port   P										
Title   DATA   DATA   DATA   DATA   DATA   DATA   STRATEGIC   EXTERNAL   DATA	All CPI Candidates for Operations/Member Servi	C88 SCO	ed for JUD	GE Model:						
TITLE   ORG.   TYPE   QUALITY ACCESSIBILITY TIMELINESS   ACTIONABLE   LINK   BENCHMARK			METRIC	DATA	DATA		DATA	<del></del>	EXTERNAL	STAKEHOLDER
Customer Satisfaction   TSW   CT   0.30   0.50   0.60   0.10   0.15   0.35	IIIE	ORG.	IXE	OUALITY	ACCESSIBILITY		ACTIONABLE		BENCHMARK	VALUE
TSW   CT   0.30   0.50   0.10   0.15   0.30	Customer Satisfaction									
Third   Completing		TSW	L)	0.30	0.50	090	010	0 15	0.00	0.50
Port   CT   0.50   0.10   0.35		<b>MN</b> E	CT.	0.20	0.30	0.30	0.10	0.15	0.35	35.0
Complaints PTMPY PoT CT  1y, denity informal complaints PTMPY PoT CT  1y, denity informal complaints PTMPY PoT CT  Trencial Member satisfaction with plan  Trencial Member satisfaction with Medical  Trencial Member satisfaction with Medical  PoT CT  Ther satisfaction with practitioner  PoT CT  Ther satisfaction with practitioner  PoT CT  Statisfaction with call center  PoT CT  Congressional Inquiries must be one  Set to Congressional Inquiries must be one  set to Congressional Inquiries must be one  set to Congressional Inquiries must be one  to Chilan Network  TSWV CT  Congressional Inquiries must be one  set to Congressional Inquiries must be one  to Chilan Network  TSWV CT		PoT	C	0.50	0.20	0.10	0.80	0.70	0.35	0.35
Complaints  PoT  PoT  Y, denial, referral complaints PTMPY  PoT  Clon (for each product)  Imercial Member satisfaction with plan  Imercial Member satisfaction with Medical  Imercial Member satisfaction with Medical  PoT  PoT  Satisfaction with call center  Congressional with call center  Congressional Inquiries  Ses to Congressional Inquiries  FSW  Trongressional Inquiries								2	8.5	66.5
plaints PTMPY PoT  tion (for each product)  mercial Member satisfaction with plan  mercial Member satisfaction with Medical  mercial Member satisfaction with Medical  mercial Member satisfaction with practitioner  mercial Member satisfaction with practitioner  poT  Der satisfaction with call center  Satisfaction of Referrals of MTFs Prime  Congressional Inquiries  ses to Congressional Inquiries  rest to Congressional Inquirie	Complaints									
Wy, denial, referral complaints PTMPY  ction (for each product)  mercial Member satisfaction with plan  mercial Member satisfaction with Medical  mercial Member satisfaction with Medical  mercial Member satisfaction with Port  mercial Member satisfaction with practitioner  Port  Der satisfaction with call center  Satisfaction with practitioner  Port  Port  Satisfaction of Referrals of MTFs Prime  O Civilian Network*  Congressional Inquiries  ses to Congressional Inquiries must be one of the percent (100%) complete within 30  r days.  TSW	Complaints PTMPY	PoT	5							
thercial Member satisfaction with plan PoT mercial Member satisfaction with Medical PoT mercial Member satisfaction with Medical PoT mercial Member satisfaction with practitioner PoT ber satisfaction with call center PoT Satisfaction of Referrals of MTFs Prime TNW Congressional Inquiries must be one ses to Congressional Inquiries must be one factor (100%) complete within 30 TSW r days.	Delay, denial, referral complaints PTMPY	PoT	5							
mercial Member satisfaction with plan mercial Member satisfaction with Medical PoT had satisfaction with practitioner PoT pot ber satisfaction with call center PoT Satisfaction of Referrals of MTFs Prime Colvilian Network*  Congressional Inquiries must be one ses to Congressional Inquiries must be one fapercent (100%) complete within 30 TSW r days.	Satisfaction (for each product)		CT							
The satisfaction with Medical Por The satisfaction with practitioner Por Por The satisfaction with call center Por Satisfaction of Referrals of MTFs Prime The Congressional Inquiries ses to Congressional Inquiries must be one ses to Congressional Inquiries must be one of percent (100%) complete within 30 TSW r days.	Commercial Member satisfaction with plan	PoT	CT							
DoT  Ther satisfaction with practitioner The satisfaction with call center Satisfaction of Referrals of MTFs Prime To Civilian Network Congressional Inquiries ses to Congressional Inquiries must be one at percent (100%) complete within 30 TrSW ordays.	Commercial Member satisfaction with Medical									
nber satisfaction with practitioner  Dot Satisfaction with call center Satisfaction of Referrals of MTFs Prime Congressional Inquiries Ses to Congressional Inquiries must be one at percent (100%) complete within 30 TSW T days.	dnos	PoT	5							
Toy PoT Tww Tww Tsw Tsw	Member satisfaction with practitioner	PoT	5							
TNW TSW TSW	Member satisfaction with call center	PoT	5							
TNW Tsw	atient Satisfaction of Referrals of MTFs Prime									
be one TSW	enes to Civilian Network*	<b>M</b> E	5							
De one TSW										
TSW	Congressional Inquiries									
MST .	esponses to Congressional Inquiries must be one									The state of the s
	divided percent (100%) complete within 50	10.01	ţ							
	actives logics.	AO .	5							
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		5	tical Perfor	Critical Performance Indicator Candidates	Candidates				
								ander y a to despite contract of the destination of the second	
All CPI Candidates for Operations/Member Services scored for JUDGE Model	PS SCOF	ed for JUDO	GE Model:	H	F	V H V C	CTCATC	EVTEDNIAL	OTA VELOTION
3111	ORG.	TYPE	QUALITY	QUALITY ACCESSIBILITY TIMELINESS	TIMELINESS	AC.		11.5	VALUE
Town II can I									
	TC/A/	NII	0.30	0.40	0.20	0.20	0 10	0.40	0.10
	NA P	Z Z	090	0.50	0.70	09.0	0.80	0.40	0.80
	PoT	Z Z	0.10	0.10	0.10	0.20	0.10	0.20	0.10
Enrollment Report	TSW	S							
Meet or exceed the Enrollment projection goals as set forth in the Annual Enrollment Plan (A00N).	TSW	ä					·		
Applications: Process date must be within 10 days									
of lock box receipt date or within 48 hours of enrollment receipt date.	TSW	Ξ.							
ion letter and enovey must		i							
be mailed within 48 hours of keyed date.	TSW	E							
1D Cards/Enrollment material will be mailed within									
10 days from the entered date.	TSW	Z.		,					
D Cards/Enrollment material mailed before the first									
	TSW	N.							
Quarterly quality check: will be disenrolled if									
payment is not received by the end of the grace						-			
period. Disenrollment will be effective at the end of	Č	i							
the grace period.	ASI.	Z							
MTF Prime Enrollment vs Civilian Network	Ž Ž	Z L							
CITIONING CONTRACTOR CONTRACTOR CITICIFICS									
		Ä							
	₹	E							
essing	N.	E							
	N.	EN							
ent Call	ANT.	Z							
	<u>N</u>	EN							
Reason for Disenrollment	<u>N</u> E	NI NI							
Disenrollment Survey Statistics	YNY.	EN							
									***************************************
						_			

		Ö	itical Perfo	Critical Performance Indicator Candidates	Candidates				
	_ .								
All CPI Candidates for Operations/Member Services scored for JUDGE Model	COS 800	ed for JUD	GE Model:						
	-	:	-	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
<b>3111</b>	ORG	IXE	QUALITY	ACCESSIBILITY	TIMELINESS	ACTIONABLE	FINK	BENCHMARK	VALUE
Total Membership	PoT	Ä						;	
Disenrollment rate	PoT	2							
Average Age	PoT	N N						-	
Membership growth and retention									
Commercial % growth	PoT	EN							
1-year commercial retention	PoT	N N							
Commercial voluntary transfer rate	PoT	E E							
Market penetration	PoT	EN I							
Access to Care									
	TC/A/	V	9,0	02.0	000	,	8		
	\$ 1 × 1	2 4	5.50	0.30	0.20	0.45	0.20	0.40	0.25
		5	3	0.90	0.70	0.40	0.70	0.40	0.60
	2	AC	0.10	0.10	0.10	0.10	0.10	0.20	0.15
Accessibility									
Timelinese of preventive care appointments in									
42 calendar days	PoT	Ą							
Timeliness of routine primary care									
appointments within 7 days	PoT	Ą			•				
Timeliness of urgent care appointments within									
24 hours	Pot	မှ							
Timeliness of emergency care (immediately)	PoT	ĄÇ							
ER appeals received PTMPY (each product)	PoT	ΑC							
Access to after hours care (24hrs/7days a week/365 days year)	PoT	Ą							
% of PC Acute Appts Meeting Prime Access Std	AN.	AC							
% of PC Routine Appts Meeting Prime Access Std	N.	Ş							
% of PC Well Appts Meeting Prime Access Std	N F	Ş			1				
			ŀ						

		ō	itical Perfor	Critical Performance Indicator Candidates	Candidates				
All CPI Candidates for <b>Operations/Member Services</b> scored for JUDGE Model:	.es scor	ed for JUD	GE Model:						
		METRIC	DATA	DATA		DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
TITLE	ORG.	<b>JAXI</b>	QUALITY	ACCESSIBILITY		TIMELINESS ACTIONABLE	TINK	BENCHMARK	VALUE
% of Specialty Apple Meeting Prime Access Std*	ANA	AC							
ļ	NA NA	AC							
Prime Disengagements from MTF due to failure to					mile ries of respect to the state of the sta				
meet access stds	<b>N</b> E	ĄÇ							
Access related complaints PTMPY	РоТ	AC							
Ensure an adequate provider/beneficiary ratio of 1 DCM-2 000 enrollees, and 1 Provider (all types):									
1,200 enrollees.	TSW	Ş							
A sufficient level of delivery sites to ensure access									
to care.	TSW	Ą					:		
Contract drive times not to exceed 30 minutes for									
primary care or 60 minutes for specialty care.	TSW	Q Q							
Access to emergency services 24 hours per day, 7	i	•							
days per week.	TSW	Ş							
Office wait times in non-emergency situations shall	, i								
not exceed 30 minutes.	S.	کا ا							
Appointment wait times: well visit wait shall not	į	(							:
exceed 4 Weeks.	30	٢							
Appointment wait times: routine visit wait shall not	1016	٥							
CACCOO UIIO MOCK.	5	2							
Appointment wait times; acute visit snail not exceed one day.	TSW	Ş							
Appointment wait times: specialty care visit wait									
shall not exceed 4 weeks.	TSW	¥C							
PCMs shall be available 24 Hours per day, 7 days		-							
per week.	TSW	AC.							
								aryanan idangka kan angadanya na panahan di ka kadak	
	1								
. Selly \$250 m. (m.m. sellestrembriga man dage	-								
The state of the s									

# Cost Accountability

Critical Performance Indicator Candidates

		5	tical Perfor	Critical Performance Indicator Candidates	Candidates				
All CPI Candidates for Cost Accountability scored for		JUDGE							
	2	METRIC	DATA	DATA DATA DATA DATA	DATA	DATA	STRATEGIC	EXTERNAL DESCRIPTION	STAKEHOLDER
	2	111	ממשוו ד	ACCESSIBILITY	TIMEFINESS	ACTIONABLE	VIII	DENCHIMARA	VALUE
Enrollment Based Capitation									
	TSW	EC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TNW	EC	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PoT	ည္	0.00	00.0	00'0	00:00	00.0	00'0	0.00
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	NN L	ပ္သ							
- 1	ŠN.	낊							
ther Regions	ÃN. F	<u>а</u>							
	N N N N	ပ္ထ							
% of External Care Delivered to Non-enrollees	ANT.	ည					-		
									-
Resource Sharing									
	TSW	RS	0.00	00.00	0.00	00.0	0.00	0.00	0.00
	WNT	RS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PoT	RS	0.00	0.00	0.00	0.00	00.00	00.00	0.00
Resource Sharing									
Resource Sharing - Estimated Target Expenses vs		ů							
Actual Expenses (Aggregate & by INLY)	À	2							
s As	ÀN.	RS				-		-	
Resource Sharing - MTF Agreement Status	WNT	RS							
the state of the s									
									-

TSW CP TS	PE QUALITY  29 0.35  29 0.45  39 0.2  49 0.2	DATA ACCESSIBILITY I 0.40 0.20 0.20	DATA 0.50 0.40 0.10	DATA ACTIONABLE 0.45 0.45 0.10	STRATEGIC LINK 0.35 0.50 0.15	EXTERNAL BENCHMARK 0.40 0.20	STAKEHOLDER VALUE 0.35 0.20
NET	PE QUALITY PE QUALITY PE 0.35 P 0.45 PP 0.2 PP 0.2	DATA ACCESSIBILITY I 0.40 0.20	0.50 0.40 0.10	DATA ACTIONABLE 0.45 0.10 0.10	0.35 0.35 0.15	0.40 0.20 0.20	STAKEHOLDER VALUE 0.35 0.20 0.20
ORG.         TYPE           TSW         CP	0.35 0.45 0.2 0.2	0.40 0.40 0.20	0.50 0.40 0.10	0.45 0.45 0.10	0.35 0.50 0.15	0.40 0.40 0.20	0.35 0.45 0.20
WST WST WST WST WST WST WST WST		0.40	0.50	0.45 0.45 0.10	0.35 0.50 0.15	0.40 0.20	0.35 0.45 0.20
TSW		0.40	0.50	0.45 0.45 0.10	0.35 0.50 0.15	0.40	0.35 0.45 0.20
Town Tsw		0.20	0.10	0.10	0.50	0.20	0.20
TSW		0.20	0.10	0.10	0.15	0.20	0.20
TSW	<u>a</u> <u>a</u> <u>a</u> a						
TSW	<u>a</u> <u>a</u> <u>a</u> a						
TSW TSW TSW TSW TSW TSW TSW	a a a a						
TSW TSW TSW TSW TSW	B B 8						
WST TSW WST TSW WST TSW	B B 8						
TSW TSW TSW TSW TSW	8 8						
TSW TSW TSW TSW	<u>a</u> 8						
TSW TSW TSW	8 8						
TSW TSW TSW	8 8						
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TSW TSW TSW	ę						
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TSW TSW TSW	-	•	-			-	
TSW TSW							
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WST							
WST TSW							
TSW	<u>م</u>						
TSW							
MSI.				•	_		
Oni: The contractor will identify/pursue proper payment of OHI claims to avoid payment of benefit	2						
payment of OHI claims to avoid payment of benefit				-			
					-		
dollars equal to or below twenty-two percent (22%)			***				
ŽÝ.	<u>Д</u>						
sed in 21 Days (In-System) TNW	ď						
	ď						
5 Denial Codes TNW	ď						
TNW	Ġ.						
Integrated Pharmaceutical Services - Claim Cost TNW CP	٩						

TATILE E STATEMENT OF THE PARTY AND STATEMENT AND STATEMENT AND STATEMENT OF THE PARTY OF THE PA		ັ້ວ	tical Perro	Critical Performance Indicator Candidates	candidates				
All CPI Candidates for Cost Accountability scored for Ju	for JUI	JDGE							
		METRIC	DATA	DATA	DATA	DATA	STRATEGIC	EXTERNAL	STAKEHOLDER
	ORG.	IYPE	QUALITY	QUALITY ACCESSIBILITY	A	S	-	BENCHMARK	VALUE
claims processed in thirty days	PoT	СР							
E									
thirty days	PoT	ဦ							
% of contracted physician clean claims in thirty						7 P. (***********************************			
days	PoT	გ							
clean claims processed in 30 days	РоТ	L							
	PoT	පු							
Payment accuracy of claims	PoT	9							
Procedural accuracy of claims	PoT	ಕ್ರ							to the first transfer of the first transfer
			-						
And the state of t									AND THE PERSON OF THE PERSON O
Pharmaceuticals									
	A AN	5 3	36	0.00	0.00	0.00	0.00	0.00	0.00
THE THE PROPERTY OF THE PROPER	PoT	E	000	000	3 6	000	8 6	200	800
Pharmacy									And the second s
IPS - 30 Day vs. 31 Day or Greater Supply Trend	NN.	Æ							
IPS - Generic Drug Utilization Summary	N.E	표							
IPS - OHI Cost Avoidance Reported by Argus	ANL	품							
		-							
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Appendix G

JUDGE Models

Judging Utility: a Decision Generator and Evaluator

Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

Core Domain: Health Status									
Metric Type Evaluated: Utilization Management									
			Ŝ	(1wj)	(2wj)	(3wj)			
	9-point	Coded	Rescaled	AF.	Alt.	Alt.	Wei	Weighted Composite	site
Nr. Metric Attribute (TSW Perspective)	Rating		Rating	∢	8	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0.45	0.10	0.45	10.00	2.22	10.00
2. Data Accessibility: metric is readily retrievable	80	က	16.67	0.40	0.20	0.40	6.67	3.33	6.67
3. Data Timeliness: metric reflects current figures	œ	ო	16.67	0:30	0.10	09.0	2.00	1.67	10.00
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	0.60	0.10	0.30	10.00	1.67	2.00
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.70	0.10	0.20	7.78	1.11	2.22
	မှ	-	5.56	0.50	0.10	0.40	2.78	0.56	2.22
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	7	11.11	0.35	0.30	0.35	3.89	3.33	3.89
TOTALS	ı	18							40.00
	Scaling					_	RICARE .	TRICARE	PacifiCare
	Factor = 5.56	5.56				•	Southwest	Northwest	of Texas
Rescal (Che	Rescaled total = 100 (Check = 100)	100					Y(1)	Y(1) Y(2)	Y(3)

|--|

Scaling Factor = 5.56

TRICARE TRICARE PacifiCare Southwest Northwest of Texas Y(1) Y(2) Y(3)

Rescaled total = 100 (Check = 100)

Core Domain: Health Status

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Metric Type Evaluated: Case Management									
			Ŝ	( <u>}</u>	(2wj)	(3wj)			
	9-point	Coded	Rescaled	At.	Alt.	Alt.	Weig	Weighted Composite	site
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	V	В	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0.7	0	0.3	15.56	0.00	6.67
2. Data Accessibility: metric is readily retrievable	œ	ო	16.67	0.8	0	0.2	13.33	0.00	3.33
3. Data Timeliness: metric reflects current figures	œ	ო	16.67	0.75	0	0.25	12.50	0.00	4.17
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	4.0	0	9.0	6.67	0.00	10.00
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.3	0	0.7	3.33	0.00	7.78
	9	-	5.56	0.5	0	0.5	2.78	0.00	2.78
7. Stakeholder Value: metric reflects customer(s) agenda(s)	_	7	11.11	0.5	0	0.5	5.56	0.00	5.56
TOTALS	•	18							40.28
	Scaling					_	RICARE 1	TRICARE	PacifiCare
	Factor = 5.56	5.56				•,	Southwest Y(1)	Northwest Y(2)	t of Texas Y(3)
Rescale (Chec	Rescaled total = 100 (Check = 100)	100					·		

Core Domain: Health Status Metric Type Evaluated: HC Information Lines	9-point Co	Coded	(Vj) Rescaled	(1wj) Alt.	(2wj)	(3wj) Alt.	We	Weighted Composite	osite	
Metric Attribute (TSW Perspective)			Rating	∢	മ	ပ	Alt. A	Alt. B	Alt. C	
Data Quality: metric is accurate & understandable	6	4	22.22	0.5	0.5		11.11	11.11	0.00	
Data Accessibility: metric is readily retrievable	ω	m	16.67	0.5	0.5	Ŭ	8.33	8.33	0.00	
. Data Timeliness: metric reflects current figures	8	6	16.67	0.5	0.5	_	8.33	8.33	0.00	
. Data Actionable: metric facilitates decision-making	80	က	16.67	0.5	0.5	_	8.33	8.33	0.00	
Strategic Link: metric is aligned with mission, vision, goals, & objective		8	11.11	0.5	0.5	Ĭ	5.56	5.56	0.00	
	9	_	5.56	0.5	0.5	_	2.78	2.78	0.00	
. Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.5	0.5	Ū	5.56	5.56	0.00	
TOTALS	<b> </b>	8								
	Scaling Factor = 5.56						TRICARE T	£ ₹	PacifiCare of Texas	
Rescal (Che	Rescaled total = 100 (Check = 100)						(J)	Y(2)	<del>(</del> 3)	
Core Domain: Health Status Metric Type Evaluated: Clinical Indicators			Ŝ	(1wj)	(2wj)	(3wj)				

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	9-point	Coded	Rescaled	Alt.	Alt.	At.	Wei	Weighted Composite	osite
Nr. Metric Attribute (TSW Perspective)	Rating	Rating		∢	60		Alt. A	Alt. B	Aff. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0.8	0	0.2	17.78	00.0	4.44
2. Data Accessibility: metric is readily retrievable	<b>∞</b>	က	16.67	6.0	0	0.1	15.00	0.00	1.67
3. Data Timeliness: metric reflects current figures	œ	က	16.67	0.85	0	0.15	14.17	0.00	2.50
4. Data Actionable: metric facilitates decision-making	Ø	ო	16.67	0.2	0	0.8	3.33	0.00	13.33
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	,e 7	7	11.11	0.3	0	0.7	3.33	0.00	7.78
6. External Benchmark: metric is used by other health plans	9	-	5.56	9.0	0	0.4	3.33	0.00	2.2
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	7	11.11	0.5	0	0.5	5.56	0.00	5.56
		18	ı						37.50
	Scaling						TRICARE	TRICARE	PacifiCare
	Factor = 5.56	5.56					Southwest	Northwest o	of Texas
Resc. (C	Rescaled total = 100 (Check = 100)	100					Y(1)	Y(2)	Y(3)

<u>- U</u>	Core Domain: Operations/Member Services Metric Type Evaluated: Provider Services									
j				Ê	(1wj)	(Zwj)	(3wj)	;	:	
		9-point	Coded	Rescaled	Alt.	¥.	Alt.	Wei	Weighted Composite	osite
ž	Metric Attribute (TSW Perspective)	Rating	Rating	Rating	۷	В	၁	Alt. A	Alt. B	Alt. C
-	. Data Quality: metric is accurate & understandable	6	4	22.22	0.7	0.1	0.3	15.56	2.22	6.67
2. [	2. Data Accessibility: metric is readily retrievable	œ	က	16.67	0.8	0.1	0.2	13.33	1.67	3.33
<u>ب</u>	3. Data Timeliness: metric reflects current figures	<b>∞</b>	က	16.67	0.75	0.1	0.25	12.50	1.67	4.17
4	Data Actionable: metric facilitates decision-making	<b>∞</b>	က	16.67	0.3	0.1	9.0	5.00	1.67	10.00
10	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	9.0	0.1	0.3	6.67	1.11	3.33
9	6. External Benchmark: metric is used by other health plans	9	-	5.56	0.45	0.1	0.45	2.50	0.56	2.50
7		7	7	11.11	0.65	0.1	0.25	7.22	1.11	2.78
<b>,</b> -	TOTALS	ļ	18							32.78
		Scaling						TRICARE TRICARE		PacifiCare
		Factor = 5.56	.56					Southwest	Northwest	of Texas
	Resca	Rescaled total = 100	8					<u> </u>	(7)	2
	(Che	(Check = 100)								
<u> </u>	Core Domain: Operations/Member Services Metric Type Evaluated: Customer Service									
•		9-point	Coded	(Vj) Rescaled	(1wj) Alt.	(2wj) Alt	(3wj) Alt.	Wei	Weighted Composite	osite
ž	Metric Attribute (TSW Perspective)	Rating	Rating	Rating	٨	8	ပ	Alt. A	Alt. B	Alt. C

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	•	000	Ċ	ć	3	000		c	
<ol> <li>Data Quality: metric is accurate &amp; understandable</li> </ol>	D)	77.77	9 0	ი ე	<u>-</u>	13.33		77.7	
2. Data Accessibility: metric is readily retrievable	က	16.67	0.3	9.0	0.	5.00		1.67	
3. Data Timeliness: metric reflects current figures	တ	16.67	4.0	0.5	0.1	6.67		1.67	
4. Data Actionable: metric facilitates decision-making	က	16.67	0.7	0.2	0.1	11.67	3.33	1.67	
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7 2	11.11	9.0	0.25	0.15	6.67		1.67	
	6	5.56	0.45	0.45	0.1	2.50		0.56	
	7 2	11.11	9.0	0.3	0.1	6.67		1.11	
	18						36.94		
	Scaling						TRICARE	PacifiCare	
	Factor = 5.56						Northwest	of Texas	
						Y(1)	Y(2)	Y(3)	
Rescale	tescaled total = 100								
(Chec	k = 100)								

(1wj) (2wj)	Soded Rescaled Alt. Alt. Weighted Composite	A B C Alt. A Alt.	0.3 0.2 0.5 6.67	0.5 0.3 0.2 8.33	0.6 0.3 0.1 10.00	0.1 0.1 0.8 1.67	0.15 0.15 0.7 1.67	1 5.56 0.3 0.35 0.35 1.67 1.94	0.3 0.35 0.35 3.33	18 33.33
		Rating R	6	œ	œ	œ	/e 7	ဖ	7	
Core Domain: Operations/Member Services Metric Type Evaluated: Customer Satisfaction		Nr. Metric Attribute (TSW Perspective)	1. Data Quality: metric is accurate & understandable	2. Data Accessibility: metric is readily retrievable	3. Data Timeliness: metric reflects current figures	4. Data Actionable: metric facilitates decision-making	5. Strategic Link: metric is aligned with mission, vision, goals, & objecting	. •	7. Stakeholder Value: metric reflects customer(s) agenda(s)	TOTALS

TRICARE TRICARE PacifiCare Southwest Northwest of Texas Y(1) Y(2) Y(3) Scaling Factor = 5.56 Rescaled total = 100 (Check = 100) Core Domain: Operations/Member Services Metric Type Evaluated: Enrollment

	9-point	Coded	(Vj) Rescaled	(1wj) Alt.	(2wj) P (1t.	(3wj) Alt.	Weig	Inted Compos	ite
Nr. Metric Attribute (15W Perspective)	Kating	Kating	Rating	۲	۵	اد	AII. A	Alf. D	ZII. C
<ol> <li>Data Quality: metric is accurate &amp; understandable</li> </ol>	6	4	22.22	0.3	9.0	0.1	6.67	13.33	2.22
2. Data Accessibility: metric is readily retrievable	œ	ო	16.67	0.4	0.5	0.1	6.67	8.33	1.67

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3. Data Timeliness: metric reflects current figures	8	16.67	0.2	0.7	0.1	3.33	•	1.67	
4. Data Actionable: metric facilitates decision-making	8	16.67	0.2	9.0	0.2	3.33	10.00	3.33	
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7 2	•	0.1	0.8	0.1	1.11		1.1	
6. External Benchmark: metric is used by other health plans	6		0.4	<b>9</b> .0	0.2	2.22		1.1	
7 Stakeholder Value: metric reflects customer(s) agenda(s)	7 2		0.1	8.0	0.1	1.1		1.11	
TOTALS	18	ı			I	24.44			
	Scaling				-	RICARE	TRICARE	PacifiCare	
	Factor = 5.56				٠,	Southwest	Northwest	of Texas	
						Y(1)	Y(2)	Y(3)	
Rescale	tescaled total = 100								
(Chec	k = 100)								

Core Domain: Operations/Member Services									
Metric Type Evaluated: Access to Care									
			Ŝ	(1 <u>w</u> j)	(2wj)	(3wj)			
	3-point	Coded	Rescaled	A <del>l</del>	A <del>t</del> .	Alt.	Weig	<b>Neighted Composite</b>	site
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	⋖	8	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22		0.5	0.1	8.89	11.11	
2. Data Accessibility: metric is readily retrievable	œ	က	16.67	0.3	9.0	0.1	5.00	10.00	
3. Data Timeliness: metric reflects current figures	<b>∞</b>	က	16.67		0.7	0.1	3.33	11.67	1.67
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	0.45	0.45	0.1	7.50	7.50	
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11		0.7	0.1	2.22	7.78	
. •	9	_	5.56	0.4	0.4	0.2	2.22	2.22	
. –	7	2	11.11		9.0	0.15	2.78	6.67	
TOTALS	ı	18				I	31.94		

TRICARE TRICARE PacifiCare Southwest Northwest of Texas Y(1) Y(2) Y(3) Scaling Factor = 5.56 Rescaled total = 100 (Check = 100)

Mono Department of the Comment of th									
			Ŝ	(1wj)	(2wj)	(3wj)			
	9-point	Coded	Rescaled	A <del>l</del> t.	Alt.	Alt.	Weig	thted Compo	site
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating	∢	В	ပ	Alt. A	Alt. B	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0	1	0	0.00	22.22	0.00
2. Data Accessibility: metric is readily retrievable	60	ო	16.67	0	_	0	0.00	16.67	0.00
3. Data Timeliness: metric reflects current figures	œ	က	16.67	0	_	0	0.00	16.67	0.00
4. Data Actionable: metric facilitates decision-making	œ	က	16.67	0	-	0	0.00	16.67	0.00

Core Domain: Cost Accountability
Metric Type Evaluated: Enrollment Based Capitation

Judging Utility: a Decision Generator and Evaluator
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<ol> <li>Strategic Link: metric is aligned with mission, vision, goals, &amp; objective</li> <li>External Benchmark: metric is used by other health plans</li> <li>Stakeholder Value: metric reflects customer(s) agenda(s)</li> <li>TOTALS</li> </ol>	7 2 6 1 7 2 18	5.56 11.11 11.11	000	 000	0.00	11.11 5.56 11.11	0.00
	Scaling Factor = 5.56			E 있	ICARE 'uthwest	RICARE TRICARE PacifiCare Southwest of Texas	PacifiCare of Texas
Rescale (Chec	(Check = 100)				<u> </u>	(2)	<u>(2)</u>

**PacifiCare** of Texas ¥. C Weighted Composite 16.67 16.67 16.67 11.11 5.56 11.11 Southwest Northwest TRICARE AH: B 0.00 0.00 0.00 0.00 0.00 TRICARE AH. A 000000 (<u>3w</u>j B ∰ (§ 000000 (1<u>w</u>) Aft. 22.22 16.67 16.67 16.67 11.11 5.56 (Vj) Rescaled Rating Factor = 5.56 Rescaled total = 100 (Check = 100) Scaling 9-point Rating ∞∞∞ ~ Strategic Link: metric is aligned with mission, vision, goals, & objective
 External Benchmark: metric is used by other health plans
 Stakeholder Value: metric reflects customer(s) agenda(s) Metric Attribute (TSW Perspective) 4. Data Actionable: metric facilitates decision-making 1. Data Quality: metric is accurate & understandable 3. Data Timeliness: metric reflects current figures 2. Data Accessibility: metric is readily retrievable Metric Type Evaluated: Resource Sharing Core Domain: Cost Accountability ž

			Ŝ	$\overline{}$	(2wj)	(3wj)			
	3-point	Coded	Rescaled	Alt.	Alt.	Aţ.	Weig	hted Compo	site
Nr. Metric Attribute (TSW Perspective)	Rating	Rating	Rating		<b>@</b>	l ပ	Alt. A	벌	Alt. C
1. Data Quality: metric is accurate & understandable	6	4	22.22	0.35		0.2	7.78	10.00	4.44
2. Data Accessibility: metric is readily retrievable	œ	က	16.67		0.4	0.2	6.67		3.33
3. Data Timeliness: metric reflects current figures	œ	က	16.67			<u>.</u>	8.33		1.67
4. Data Actionable: metric facilitates decision-making	œ	က	16.67		0.45	0.1	7.50		1.67
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	7	11.11	0.35	0.5	0.15	3.89		1.67
6. External Benchmark: metric is used by other health plans	9	-	5.56		0.4	0.5	2.22		1.1

Metric Type Evaluated: Claims Processing

Core Domain: Cost Accountability

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Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

2 11.11 0.35 0.45 0.2 3.89 5.00 2.22 40.28	Scaling TRICARE TRICARE PacifiCare Southwest Northwest of Texas Factor = 5.56 Southwest Office Southwest Off	
7. Stakeholder Value: metric reflects customer(s) agenda(s) TOTALS	Scal	Rescaled total = 100 (Check = 100)

# Appendix H Critical Performance Indicators

			HIGHT	2001	Weber :				
		(As identified through comparative analysis using JUDGE Model)	nalysis us	sing Junei	= Model)				
	METRIC				FAMILY	ᆈ	LANS		
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	<u>-</u>
TSW	S	ER visits per 1000 enrollees	×	×					
TSW	Σ	Hospital admissions per 1000 enrollees	×	×					
TSW	<b>∑</b>	Specialty referrals per 1000 enrollees	×	×					
TSW	<b>∑</b>	Outpt visits per specialist per 1000 enrollees	×	×					
TSW	Μ̈́O	Average LOS by DRG	×	×					
		Medical/Surgical preauthorization deferminations on 100% of all requests shall							
TSW	Š	be issued within (5) workdays.	×	×					
		Mental Health preauthorization determinations on 100% of all requests shall be issued within							
TSW	S	(5) workdays.	×	×					
TSW	ΜÖ	Total number (%) grievances	×	×					
TSW	δ	Total number outstanding grievances-	×	×					
MNT	Θ	Grievances Processed in (60) Days		×					
TSW	ΜÖ	Total number (%) appeals	×	×					
TSW	ΨÖ	Total number outstanding appeals	×	×					
TSW	N O	Medical/Surgical evaluations shall be completed on 100% of the cases within (5) workdays.		×					
TSW	<b>∑</b>	Mental Health evaluations shall be completed on 100% of the cases within (5) workdays.		×					
		HCIL - Total Call Distribution by Services		;					
ANL	오	Utilized		×					
TSW	อ	Health Risk Appraisal (HEAR Stats)		×					
PoT	ਹ	Diabetes				•			
PoT	ច	Women's and children's health							
PoT	ວ	Cardiovascular health							

		Critical Performance Indicators	e Indicato	ā				
		(As identified through comparative analysis using JUDGE Model)	nalysis us	ing JUDGE	Model)			
	METRIC				FAMILY C	FAMILY OF HEALTH PLANS		
SOURCE	TYPE	TITE			Extra	Standard Remote FEHBP	BP DP	
PoT	ច	Depression						
РоТ	ಶ	Smoking Cessation						
TSW	PS	Provider Satisfaction Survey		×				
TSW	PS	Network Adequacy Report		×				
TSW	PS	# adverse actions	×	×				
TSW	PS	# privileged providers by specialty	×	×				
TSW	PS	#privileged providers by adverse actions	×	×				
		Identify and resolve provider relations issues		,				
NS.	3	Within 30 calendar days of identification.		<				
		TRICARE Service Center						
		Ninoty and 10000 of all collections the						
		or Automated Response Unit (ARU) within 120			.,			
TSW	బ	seconds after initial greeting.	×	×				
		Eighty percent (80%) of calls must be handled						
TSW	SS	to completion during the inital call.	×	×				
		If call is not completed during initial call, call					E-10-	
TSW	SS	back must be made within 2 days.	×	×				
		Ninety-five percent (95%) of all final call						
		backs or written replies must be provided			-			
TSW	SS	within 10 days.	×	×				
		One hundred percent (100%) of all final call						
		backs or written replies must be provided					ys,———	
TSW	လွ	within 20 days.	×	×				
		Beneficiaries telephoning the TSC shall be	;	,				
TSW	လွ	placed on hold for no longer than 5 minutes.	×	×				

SOURCE		(As identified through comparative analysis using JUDGE Model)	nalveie 11	1110	E Madel				
OURCE			IIdiyələ u	2002 gills	E Moudin				
OURCE									
OURCE	METRIC				FAMIL	FAMILY OF HEALTH PLANS	H PLANS		
	TYPE	TITE			Extra	Standard	Remote	FEHBP	占
ALLANDA		Ninety-eight percent (98%) of walk-in inquiries							
		will be resolved within the initial visit. The							
		balance will be tracked to ensure final							
		response is rendered within 2 days of receipt							
TSW	SS	of the inquiry.	×	×					
		Walk-in beneficiaries will be greeted within 5							
TSW	SS	minutes of arrival.	×	×					
		Referral Services available at TSCs with no							
		more than a 15 minute wait for beneficiaries							
TSW	SS	visiting the HCF.	×	×					
		Customer Service available at TSCs with no							
		more than a 15 minute wait for beneficiaries							
TSW	SS	visiting the BSR.	×	×					
MNL	SS	Reasons for TSC Walk-ins	×	×					
MN	SS	Reasons for TSC Calls	×	×					
		The Toll-Free telephone busy signal rate shall							
TSW	SS	never exceed 20%	×	×					
		Eighty percent (80%) of all calls shall be							
		acknowledged within twenty (20) seconds by							
TSW	CS	an individual or electronic device.	×	×					
		Ninety percent (90%) of all calls must be							
		handled by a telephone representative or							
		automated response unit (ARU) within 120							
TSW	SS	seconds after acknowledgment.	×	×					
		Eighty percent (80%) of calls must be handled							
		to completion during the initial call (calls are							
		complete when the caller has all of the							
TSW	SS	information needed regarding their situation).	×	×					
		Incomplete callers must receive return calls							
TSW	cs	within 2 working days.	×	×					

Ninety-five percent (95%) of all calls that were must be completed within 10 calendar days.  Competion and Member satisfaction with plan  Commercial Member	Standard Standard
FAMILY OF HEALTH PLANS   Extra   Standard   Remote   FEHBP	Extra Standard  X  X  X  X  X  X  X  X  X  X  X  X  X
Extra       Standard       Remote       FEHBP         A       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X <th>Extra Standard  X  X  X  X  X  X  X  X  X  X  X  X  X</th>	Extra Standard  X  X  X  X  X  X  X  X  X  X  X  X  X
× ×× × × × × × × × × × × × × × × × × ×	
alls must X X X X X X X X X X X X X X X X X X X	
PTMPY X with plan X with x with X nner X TTFs X stwork X area) X g X g X all X all X	
× × × × × × × × × × × × × × × × × × ×	
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× × ××	
× ×× ××	
t area)  X ing  X Call  X  X Call	
t area) X ing X Call X X X	×
x x x x x x x	×
ing × × × × × × × × × × × × × × × × × × ×	
Sall X	×
X X X	
××	
××	×
×	

		Critical Performance Indicators	3 Indicator	9	٠				
		(As identified through comparative analysis using JUDGE Model)	nalysis us	ing JUDGE	= Model)				
	METRIC				FAMILY	FAMILY OF HEALTH PLANS	PLANS		
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	d
		% of PC Acute Appts Meeting Prime Access							
NY.	AC	Std	×	×					
		% of PC Routine Appts Meeting Prime Access							
ANT W	AC	Std	×	×					
		% of PC Well Appts Meeting Prime Access							
MN⊢	AC	Std	×	×					
		% of Specialty Appts Meeting Prime Access							
ANT.	AC	- 1	×	×					
MNL	Ą	Patient Satisfaction Regarding Appt Access	×	×				,	
	2	Drimo Disongogements from MTE due to							
WNL	Δ	failure to meet access stds	×	×					
***	2			<b>:</b>					
		Action Conjected (CDC) Design							
Y	נ	Actual vs Projected (EBC) Revenues -		>					
ANII	נ			<					
i	( i	Actual vs Projected (EBC) Revenues - MTF		>					
<u> </u>	נו	Level		<					
	-	(Actual vs Projected Revenues) vs Other		;					
N.	J C			<b>&lt;</b>					
ANL	ပ္သ	MTF Care Purchased Out of Region		×			:		
NN L	<u> </u>	% of External Care Delivered to Non-enrollees							
		Resource Sharing - Estimated Target							
AN F	SS	Expenses vs Actual Expenses (Aggregate & by MTF)		×				20.00	
	2	, in ta							
	0.000	Resource Sharing - Estimated Target Savings							
TNW	RS	vs Actual Savings (Aggregate & by MTF)		×					
MNT	RS	Resource Sharing - MTF Agreement Status		×					
				:					
ANA T	S	Claims Processed in 21 Days		×					

FAMILY OF HEALTH Extra Standard			Critical Performance Indicators	ndicators					
FAMILY OF HEALTH TILE Extra Standard  id in 21 Days (In-  X  Top 5 Denial Codes  X  Top 5 Denial Codes  X  Top 5 Denial Codes  X  Titical Services - Claim  X  Ay or Greater Supply  By or Greater Supply  Ay or Greater Sup			(As identified through comparative analy	lysis using JUDG	E Model)				
TLE  Id in 21 Days (In-  Top 5 Denial Codes  Titical Services - Claim  Ay or Greater Supply  By or Greater Supply  Ay or Greater Sup									
TTLE  Ad in 21 Days (In-  X  Top 5 Denial Codes  X  Top 5 Denial Codes  X  Attical Services - Claim  Attical Services - Claim  X  By or Greater Supply  Attical Summary  Attical		METRIC			FAMILY	OF HEALT	H PLANS		
ed in 21 Days (In- Top 5 Denial Codes Thes Trical Services - Claim Trical Serv	SOURCE	TYPE	TITLE		Extra	Standard	Remote	FEHBP	PD
Top 5 Denial Codes  mes  Itical Services - Claim  ay or Greater Supply  ilization Summary  ance Reported by Argus			GSU Claims Processed in 21 Days (In-		***				
Top 5 Denial Codes  nes  titical Services - Claim  ay or Greater Supply  ilization Summary  ance Reported by Argus	ANL	<u>გ</u>	System)	×					
Top 5 Denial Codes  nes  tical Services - Claim  ay or Greater Supply  alization Summary  ance Reported by Argus	MNL	S	GSU Denied Claims	×					
ntical Services - Claim ay or Greater Supply ilization Summary ance Reported by Argus	WNT	SP	GSU Denied Claims - Top 5 Denial Codes	×					
ay or Greater Supply  ilization Summary  ance Reported by Argus	MNL	S	Electronic Claim Volumes	×					
ay or Greater Supply ilization Summary ance Reported by Argus			Integrated Pharmaceutical Services - Claim						
ay or Greater Supply ilization Summary ance Reported by Argus	ANL	පි	Cost	×					
ay or Greater Supply ilization Summary ance Reported by Argus									
ilization Summary ance Reported by Argus			IPS - 30 Day vs. 31 Day or Greater Supply						
ilization Summary ance Reported by Argus	NN⊢	H	Trend	×					
ance Reported by Argus	MNT	Н	IPS - Generic Drug Utilization Summary	×					
** Ext the semaining product lines applicability should be determined by the Ever thise Staff	AN L	표	IPS - OHI Cost Avoidance Reported by Argus	×					
** Exertity commission product lines analyzability should be determined by the Even tive Staff									
** Ex. the semaining product lines applicability should be determined by the Even tive Staff					_	_			
1** Ear the remaining product lines applicability should be determined by the Everytive Staff									1
ר בין היום היום היום היום היום מאלווים מאלווים מוסמות את מוסמות את היום בין היום בין היום בין היום בין היום בי	** For the rer	naining produ	uct lines, applicability should be determined by the Executive Staff.	xecutive Staff.					